FACULTY OF
PRE-HOSPITAL CARE

STUDENT & TRAINEE GROUP

Career Insight:

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Please tell me about your career pathway?

So a slightly unusual one. I went to Hull York medical school and was there for 5 years. Did 2 years of Foundation Training and then had a fork in the road. So had a job option for Emergency Medicine, took an academic Emergency Medicine job and then declined last minute to go and do surgery instead. I worked through surgical training and obviously wanted to do Pre-Hospital Emergency Medicine relatively early on but surgery and PHEM don't necessarily align. I took years out of surgical training to do anaesthetics and intensive care and then a Pre-Hospital fellowship at Lincs and Notts Air Ambulance and emergency medicine at Sheffield as a fellowship. I then finished my surgical training and then did a post-CCT training in PHEM in London for 6 months where I worked for London HEMS as a fellow, as a non-PHEM trainee.

What inspired you to become involved in Pre-Hospital Care?

I can remember vividly, the exact moment that I wanted to do it. I was a first year medical student, just finished for the summer. I was back home in Coventry and I was driving my then new girlfriend at the time, now my wife, and my dad and my brother were following behind us and we came around the corner and came across a man who'd been hit by a car. He'd been hit at about 50mph, flown into the air, bashed his head onto the kerb and was unconscious and had noisy breathing. So as a medical student I got out, tried to help and didn't really know what to do if I'm being perfectly honest – we didn't have Pre-Hospital societies at that time at Hull York. So

I did what I thought I should do. I moved the patient, opened his airway, he was breathing but deeply unconscious. And then the ambulance crew turned up and berated me. They were really horrible to me. Said I'd done the wrong thing. Said I'd killed the patient by moving them. Obviously I was pretty gutted, one because my family were there - you know my dad, my brother. my girlfriend was there. I felt I'd really harmed this patient. I felt awful. Then just as they were going on the back of the ambulance, a police officer collared me to ask me what had happened and Helimed 53 landed. They landed and a female Pre-Hospital care doctor got out the aircraft, assessed the patient and then came over to the police and spoke to me. She asked me what had happened, I apologised, said I'm really sorry I harmed the patient, I shouldn't have done that I'm sorry. And she was brilliant. She said no you haven't you've done the right thing, why don't you come and help us do the RSI. I think I may have held the monitor and she included me in that team, said that actually I'd done the right thing and really encouraged me. And off they went to hospital. From that point on, I thought I want to be like that person. She was brilliant. And that was it. And I've wanted to do it ever since.

What advice would you give to those looking to be involved in Pre-Hospital Care?

I think it's really difficult because it's not a well-trodden career path. Although it's a recognised sub-speciality of medicine, similar to obstetrics and gynae or dermatology, actually its relatively new, its relatively nuanced and the career paths to get there are not as well established. There is the formal route where you do one of four specialties, you do PHEM training and go through that. Then there's still the alternative route if you will, which is actually probably the more popular route. I think the most difficult thing is to get your foot in the door. Once you get into an established training programme or onto a unit where its your full-time job, so primarily through air ambulance work, paid work, the ambulance service work, it becomes very easy. But how do you get to that step? How do you get experience as a medical student, as a foundation doctor even as a registrar is really difficult. You can go and do the BSc in London which is really good, but you'll still find there are barriers.

> "I went through the voluntary sector, so I went through mountain rescue. I volunteered for mountain rescue for 10 years and that gave me the grounding, and the exposure to patients and practising medicine in different environments."

And then I pestered everyone. I wrote to every air ambulance in the UK twice, to try and get a job, to try and get some form of training. In the end it was Lincoln that gave me my break. It can be really difficult, and really disheartening. If you want to do it you just need to keep on trying but

its not as well established as other career paths and I would have that in mind.

One of the big pitfalls is that you'll find people that will take advantage of that. A lot of it is regulated but a lot of it is unregulated, and you can be incredibly enthusiastic as a medical student or as a more junior resident doctor and find yourself in a whole world of trouble quite quickly and that can be really problematic. I've ended up in that situation a few times as well and it's the nature of Pre-Hospital care. So absolutely retain your enthusiasm but be a bit careful of what opportunities that you take, and ideally if you can go with a regulated voluntary body, so an established one, via an established route and try not to run before you can walk, because it is still quite an ungoverned space, but we are getting better.

What are the greatest challenges involved in Pre-Hospital Care for you?

For me personally, obviously my background is slightly different and so I have areas that I'm not as confident in. Paediatrics, I've done some paeds as part of my training, I've done some medicine as part of my training obviously, but I have to work incredibly hard to keep up to date with those areas of medicine because I don't encounter them very often. I think from a wider Pre-Hospital care point of view, this isn't an established speciality. We still don't know really, what happens to those patients immediately after injury, or immediately after their heart attack and although we have lots of SOPs to deliver excellent care, there are things that we just don't know.

> "It's not like other branches of medicine, so you have to be prepared to think on your feet and adapt to what the patient is doing for you and really think, at the end of the job whether what you did was the right thing or not, lots of self-reflection and then discussing with colleagues whether that was the right thing to do."

I think my personal challenges are the areas of medicine that I don't necessarily see very often but the bigger challenges are – there are textbooks written about PHEM but for every one textbook, there'll be a thousand about medicine, about respiratory medicine for example, we're still evolving as a specialty and we don't know all the answers yet.

Where do you see Pre-Hospital Care developing in the future?

I think there are some easy wins that we don't use at the moment. Certainly things like take cardiac arrests as an example, we know the concept of the chain of survival, we know early defibrillation is key in improving patients having a good outcome. We don't really teach this in schools, it's not part of the mandatory school curriculum yet. As unglamourous as it is, injury prevention is really important, and we don't really do enough of that. I think it is interesting

that the charity sector still provides what I would argue is provided by the government take SAMU in France for example.

We've got ECMO in the UK which is provided by a charity and compare that to SAMU, which is state funded, and I think its interesting at the moment that we have 2 or 3 state funded true physician led Pre-Hospital care services and I wonder if that will change over time. As well as these marginal gains that we know make a big difference, you know having defibrillators everywhere, having good first aid advice in schools. Those things I think could potentially change and make a big difference to our patients.

> At the moment, it's all very well turning up and doing the high end stuff but actually we rely on really good care being delivered in those first 5-10 minutes, and if that's not the case, then what we do unfortunately doesn't necessarily lead to good outcomes.

Whereas if we can go those first 5-10 minutes as good as they can be, we might find we've got more survivors and that's where potentially, the big gap is at the moment in care.

What lessons from Pre-Hospital Care have you applied to your in-hospital practice?

> The most stressed I've ever been is in Pre-Hospital care, the most difficult jobs I've ever been in have been in has been in Pre-Hospital care. In fact, I can think of pretty much every metric that you measure in terms of challenge and it's all been in pre-hospital care.

Theres an awful lot to deliver. It's the highest of stress environment primarily because you can't control a lot of the external factors, and so a lot of the things we do in Pre-Hospital care you can absolutely apply to in hospital medicine. Things like Crew Resource Management, how you talk to colleagues, how you act when you are stressed. I'd encourage everyone to try and find out, and then get used to being stressed and do the basics well, because you can do that really really easily. I think recognising a sick patient – translating it the other way – as a medical student I spent a lot of time just hanging around on wards, which probably wasn't the best useful use of my time, but I saw a lot of patients. I saw a lot of well patients, and I saw a few not very well patients. And actually the more patients you see the more you get used to what an unwell patient looks like. I see unwell patients all the time in Pre-Hospital care, which means in a clinic of 50 patients, I can spot that one unwell person quite easily, and that is quite powerful to be able to do.

> And then probably a life lesson more than anything is, bad things can happen to anyone, anytime, anywhere.

We're incredibly privileged in Pre-Hospital Care to be able to go into people's own environments and to see what they're like. But that comes with cost – you get to see the pictures on the wall, you get to see their family members up close, not in a sterile environment in hospital. We're very privileged to do that, but it makes you remember that these people are real people. So, in hospital when you see them in their hospital gowns, on a bed, in an environment that you can control, try and remember that they are humans, and patients first, not a problem. I think Pre-Hospital Care has really really hammered that home to me personally.

Acronyms:

BSc: Bachelor of Science
ECMO: Extra-Corporeal Membrane Oxygenation
HEMS: Helicopter Emergency Medical Services
CCT: Certificate of Completion of Training
PHEM: Pre-Hospital Emergency Medicine
SAMU: Service d'Aide Médicale Urgente