FACULTY OF
PRE-HOSPITAL CARE

STUDENT & TRAINEE GROUP

Career Insight

Career Insight:

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Please tell me about your career pathway?

My career pathway is quite long but I got to where I needed to be in the end! I started off doing an undergraduate degree in Biomedical Science at Keele and then went on to do an MA in Medical Ethics and Law and then finally started Med School and did five years also at Keele which is where I first started doing anything Pre-Hospital. I worked for an event medical company from sort of second year onwards as a first aider and then as a tech and did lots of music festivals and sports events and things like that and got my first real taste of Pre-Hospital Medicine.

When I eventually finished Med School, I started work at the QE (Queen Elizabeth) Hospital in Birmingham and have done the majority of my training up to now based at the QE and one or two of the surrounding hospitals. I did my specialty training via ACCS-Emergency Medicine and during my ST1 year of Emergency Medicine I sat the Dip-IMC as my sort of first step through the door into PHEM. Then during my ST1 year I started the MSc in Trauma Science at Queen Mary University of London, which was a two-year programme, so finished that just at the end of ST2 doing it alongside working full time, and then the Covid-19 pandemic which was challenging.

At the end of ST3 I did a fellowship with the West Midlands CARE Team which was a one-year fellowship combining Emergency Medicine and Pre-Hospital Medicine. At the end of that I came back into training and did my ST4 and ST5 year. In ST4 I applied for sub-specialty training in PHEM and was lucky enough to get a national training number on my first attempt. So, I am currently doing a two-year blended programme with the PHEM component with Midlands Air Ambulance

and the Emergency Medicine component at the QE in Birmingham.

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

I got a taste for PHEM in my third year at Med School when I did my student selected component Pre-Hospitally and then did my elective in Johannesburg between the Trauma department and some Pre-Hospital work there as well. Right from pretty much the second year of medical school when I met all the different characters on placements, I thought that PHEM sounded like the most interesting job. I wanted to be the first person to assess that patient. I didn't like the idea of having that confirmation bias where someone tells you what is wrong with them where the Paramedic has already seen them and the ED doctor has already seen them.

> So, I think the thing that really interested me in PHEM was really being able to make that first opinion and having that pressure of no one coming to back you up, with the rest of the hospital not there to help, that pressure is on you. I have always really enjoyed that.

What advice would you give to those looking to become involved in Pre-Hospital care?

So, I think that you have to show interest early in your career. Any opportunities through medical school, like I did with the student selected component, you need to try and get experience in the Pre-Hospital setting. Because when you do come to applying in years to come, what they want to know is have you got a proper understanding of the job and not just the glamorous headlines.

> I think that they want to know that you understand the commitments, the realities of the long hours and the travelling and things like that. And the pressure of the job actually. You are going to the sickest patients; mistakes will happen, and it is how you deal with them.

Your dedication to specialty is also looked at, so if you can show from very early on that you are interested, and are still interested, that will all help. There are a lot of courses and things like that available. Have a look what is required for PHEM training and what will help you in your base specialty as well. So, all of your life support courses and things like that. I did the PHEC and ATACC courses and things like that fairly early in my career around ST1-ST2 time. Again, it just gives you that insight. And if you have got time,

get involved in some event medicine, because it puts you in a situation very early on where you are making decisions and seeing patients outside the hospital setting and getting used to the reality of wading through mud and the difficulties of dragging stretchers and things like that. It gives you some actual hands-on experience where it is quite difficult to get that now in the Pre-Hospital world otherwise.

I would also say, keeping going. Lots of people will say no, there are lots of places that you can't do observer shifts anymore, it is really challenging to get experience. So, even when the door gets shut in your face a few times, you have to keep going because there is a way, and everyone is going to make it somehow.

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

Currently I am doing the sub-specialty training programme over two years. So, I think that the biggest challenge at the moment is completing two portfolios at once, staying current in my Emergency Medicine RCEM portfolio and the IBTPHEM portfolio. It is a lot of switching between them and a lot of work-place based assessments and things like that which take up a lot of time. Although the beauty of the two-year blended approach is that you get an additional year to do them both.

As doctors, we rarely work 12-hour days. We do some on-calls, but not many working days are 12-hours long. Most PHEM organisations have 6-6 or 7-7 shifts and because there aren't a huge number of training posts in the UK, often trainees have to move away from home or commute quite long distances to get to shifts. I have been lucky that I have a PHEM training programme on my doorstep so my commute is only 40 minutes each way, but I can't imagine what some people are doing. So, the long 12-hour days and the commutes each side of it are something that we aren't, as doctors, that familiar with and are fairly draining.

> "But I guess the PHEM to me doesn't really feel like work. It feels like everything I have been building up to for the last 10-years plus and the days themselves are not the most challenging part."

I do think the biggest overall challenge at the moment is getting a sub-specialty training number in itself. They are highly competitive and there are so few of them. I spent the past 4-5 years building up to my application and getting the place. Suddenly it's then done, and you don't quite believe it is real. I went through a period after I got the acceptance letter, around 8 months before I started my training, I was like 'Nope, they'll realise they got it wrong any moment; I'm not going to believe it until it really happens' and on day one I was like 'Ah this is epic'. It is such a build-up and such a long process to get here, and then when you're here it is totally worthwhile.

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

There is lots of exciting stuff happening in Pre-Hospital Care. In think in the next ten years, we will have some very interesting AI integration in Pre-Hospital Care. There is some of it already happening with the Bayesian modelling and looking at computer-aided decision making for clinicians. I know that research integrating this is mostly happening in Emergency Departments at the moment, but I think very soon that will come into Pre-Hospital Care and some of that has already started having computer systems that can see a photograph of a face and come up with a shock index based on how much they are sweating and how pale they are etc. Not replacing clinicians with that, but using that as an aid to help clinicians make decisions is going to be a really interesting development.

> The research possibilities in PHEM are opening up at the moment massively.

There have always been challenges to research in PHEM with small numbers of patients and not big data sharing agreements across different organisations and consent is always a challenge in the pre-hospital setting. There are groups now like PHOTON and TARN who are making national datasets and lots of different places are coming together to create research. The quality of research being produced in Pre-Hospital Care now is of a good enough standard that we can change practice based upon it, and that is quite exciting. That is only going to get bigger and better I think.

Then there is the reality that the NHS is struggling and across the country we are seeing more PRUs (Physician Response Units) appearing to help admission avoidance. I think that that is not considered the 'glamorous' side of PHEM, but it is making a big difference to the quality of patients' care and enabling them to stay at home. I think that PRUs will play a bigger role in the future.

What lessons from Pre-Hospital care have you applied to your in-hospital practise?

Loads is the short answer. I think the work I have done Pre-Hospitally has made me a much better ED clinician. It's improved my knowledge and practical skills in the management of any emergency condition, whether that is arrests, surgical presentations, anything.

Working in the Pre-Hospital setting gives you so much experience in team leadership and confidence in team leadership and confidence in your own decision making. If you don't back yourself, the rest of the team aren't going to back you in that Pre-Hospital setting. That confidence has very much spilled over into my in-hospital practice.

Then there is the actual procedural stuff like thoracotomies, hysterotomies, thoracostomies – the surgical skills that you get a huge chance to train, develop and actually do, which you don't

get in hospital. It has improved my HALO procedures and surgical skills no end.

I think an unexpected thing that my Pre-Hospital work has really helped with has been my understanding and appreciation of proper governance. In-hospital for years I attended M&Ms and didn't really know what to expect and they varied from department to department. In PHEM, every single case is reviewed the next day or the next week by the team. You are encouraged to have open and frank discussions. You are encouraged to learn from other peoples' excellence and learn from errors in a supportive and nurturing way which, to be honest, doesn't really happen in in-hospital in the same way. I have tried to take that into the ED and have been involved in running some of our M and Ms and tried to bring that method and way of doing it to the in-hospital settings so that we have the opportunity to learn from difficult cases and support people to develop as clinicians.

The other thing that I also have more of an appreciation of is that there are actually many different ways to get to the same outcome. Doing pre-hospital medicine, we visit lots of different hospitals and I work in a couple of different regions now, so going to visit different Emergency Departments whether it is a TU, MTC a PCI Centre, you see that there is lots of different practice and they all get similar outcomes. You can cherry pick the positive things you see and embed those things into the departments that you are working within.

> “Overall, I think that I am the clinician I am today because of the PHEM training that I have done through the CARE Team fellowship and now through sub-specialty training and it has changed me massively.”

Acronyms:

ACCS: Acute Care Common Stem
ATACC: Anaesthesia Trauma and Critical Care
DipIMC: Diploma in Immediate Medical Care
ED: Emergency Department
HALO: High acuity, low occurrence
MA: Master of Arts
MA: Morbidity and Mortality
MTC: Major Trauma Centre
PCI: Percutaneous Coronary Intervention
PHEC: Pre-Hospital Emergency Care (Course)
PHEM: Pre-Hospital Emergency Medicine
PHOTON: Pre-Hospital Trainee Operated Research Network
PRU: Phyisican Response Unit
RCEM: Royal College of Emergency Medicine
IBTPHEM: The Intercollegiate Board for Training in Pre-Hospital Emergency Medicine
ST: Specialty Trainee
TU: Trauma Unit