



FACULTY OF  
**PRE-HOSPITAL  
CARE**

STUDENT & TRAINEE GROUP

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*Career* Insight

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# Career Insight:

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## Dr Lesley Blake

**Emergency Medicine Trainee, ST6 and PHEM Fellow, East Anglian Air Ambulance [EAAA]**

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### **Please tell me about your career pathway?**

I am Dr Lesley Blake and I've taken time out of Emergency Medicine training to do a six-month fellowship with the East Anglian Air Ambulance (EAAA). I didn't know that I wanted to do medicine when I was in school. I liked science and I liked psychology, so I ended up doing a Neuroscience BSc degree. I think really early doors into my university degree I realised that actually, I really wanted to do medicine. So I ended up as a graduate entry medical student in London, and it was there that I encountered Pre-Hospital Care for the first time. I was studying at St. Georges University and they work a lot with Kent Surrey and Sussex Air Ambulance (KSS). I joined the Pre-Hospital Care society, and all the other things that you do as a medical student, then did a Pre-Hospital themed elective spending time with London Ambulance Service and KSS.

I did my ACCS training in London, with some years at St. Georges Hospital and kept collaboration with KSS. Then for my higher training in emergency medicine from ST4 to ST6, I've moved out to the Thames Valley area, mostly for childcare to be a bit nearer to grandparents.

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Then I had this great opportunity to join EAAA for a six-month fellowship, which is where I'm at now, and luckily for me, I get to start national PHEM training this August, which will also be with EAAA, plus Magpas and at Addenbrookes Hospital, so that's my scenic route into PHEM.

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**What inspired you to become involved in Pre-Hospital care?**

I'm not sure I really know the answer to that question. I remember as a medical student being really fascinated by resuscitation and acute care, then also being exposed to a couple of people that worked in Pre-Hospital care whilst I was a student at St. Georges, that were the most incredible role models. They were really fantastic clinicians, the way that they managed their teams, the way that they managed those relationships, and I found it very inspiring.

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I kind of felt from that early stage that these were, you know, my people, they were the clinician(s) that I wanted to be. And that never really went away.

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I headed down the route of emergency medicine, worked a few jobs in A&E, and decided actually this was really fun. I loved the variety and I love the acuity. I just love being there on someone's worst day of their life, and hopefully making it a bit better, in whatever way that might be. I think it was almost a natural progression from loving being in the resus room and really enjoying

those acute situations where you are really focused on your one patient, you're throwing everything at them, managing your team and using skills that you have developed in med school, training and in simulation to try and make that person better, to then want to take those skills out to the Pre-Hospital field. Where actually a lot more of the patient stabilisation is now happening; because there's reasonably good coverage of air ambulances and critical care resources across the UK, it's becoming more commonplace that actually those major haemorrhage trauma patients, or your traumatic brain injury patients, are coming into ED already treated by critical care, with the acute resuscitation phase done in the Pre-Hospital setting. I selfishly really wanted that and I think that's what really led me to keep going as a higher trainee.

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

I'm not sure there's anything that I can say that you won't have already heard before, but look for opportunities and take any chances that you can get. I think get involved with anything that you can say is Pre-Hospital affiliated. So I volunteer with Search and Rescue and I think that gave me great experience for the Pre-Hospital setting, but things like event medicine or even teaching first aid is all super-duper relevant.

I guess don't be put off by the fact that it had a reputation for being a competitive specialty. It is popular and as with everything, it's not easy to walk into, but there are loads of opportunities for good candidates. There was a



seeing in PHEM were all very, you know, type A personalities and almost exclusively white males. Of the women in PHEM, having kids and having a family was much less common. Really everyone I was seeing in PHEM was articulate and an immensely academic. I just didn't feel like any of them were me. I think now that I am here and in that PHEM world, I'm starting to realise that there are a lot more people with lots of different personality types, and lots of different backgrounds, but that there is just a subcategory of those people in PHEM who tend to put themselves forward for things, who are the people you might see at conferences or hear about on social media.

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**Every aspect of medicine and every aspect of life needs a range of people, so don't think that you can't do just because you aren't seeing yourself represented out there, that's fine, we can still do it.**

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

I think a big part was that mental barrier of thinking, I'm not these people, I'm not good enough, I'm not clever enough, it's super competitive how will I ever get there. Another big part was I have two kids, who are both quite

period of years where I had kind of put PHEM on the backburner, because the people I was

family during registrar training, which is always a little bit of a challenge. When you're thinking about applying for PHEM; all the additional work that you need to do to succeed in your application, like the observer shifts or the audits or the exams just to be able to get your foot in the door, finding the time commitment to do that whilst also trying to give enough time to your base speciality training, to your family, your husband and your children was difficult. I don't think there's a simple solution. I have a really great support network. My husband is immensely supportive of me doing this and we've got great family helping us look after the kids. I think without everyone else's sacrifices, there's no way that I would have been here. I think it's that side of things that really presents a barrier to perhaps the older person getting into PHEM, and certainly those with families, which I do feel that disproportionately affects women. There is an inherent element of sacrifice that you have to do to be able to get the opportunities that you need to show that you have interest in PHEM.

In Pre-Hospital care, you're seeing things a lot fresher, a lot newer. I knew coming into it that seeing a patient in their natural habitat, like walking into someone's home or a kids bedroom and they've got their things all around them, it is very different. It makes this person a lot harder to 'dehumanise' and focus on what you need to do. You're in their own home, with their loved ones around them, crying and screaming, next to photos up of them smiling. It's a lot harder to detach and focus on the clinical only.



young, my husband and I were both graduate entry medicine doctors, so we've started our

From a communication aspect, you are working in a really small team; much smaller than you're used to in hospital. It's you, the critical care paramedic, and then any of the other emergency services like paramedics, ambulance technicians, the police or fire brigade, who generally you won't have met or encountered before. They too all might have their own feelings about things going on around this scene.

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**Your ability to rely on and communicate with that other key person on your team, as well as the ability to communicate and co-ordinate everybody else in the wider circle is a key skill.**

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It's different with every job, with every formula or every group of people. So there's quite a lot of adapting your communication style and approach, and really reading a situation to respond in the most appropriate way, to get the best out of everyone around you, which is hard.

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

That's really interesting. I think there's a few areas where we've shown that we offer a real benefit to

one. Obviously ECPR is a big blossoming area of medicine, and it may well be that, if our hospital infrastructure can support it, then ECPR is something that we start doing a lot more frequently pre-hospital in cardiac arrests. There is loads of research happening currently and I don't know what exciting things will happen next. I think AI is another really interesting area of medicine which applies to the pre-hospital field also. It's been shown that our bedside examination isn't particularly sensitive or specific for identifying patients who are really sick or who need interventions, so I think that's an interesting area for AI to alleviate some of the considerations taking up clinician's bandwidth with decision making for onwards care.

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

Yeah, I think the flexibility with each job that I mentioned earlier. Trying to manage your own feelings, so that you are able to adapt to what your team ultimately needs, so that you can get the most out of them. Then also the basic principles of optimisation, things like trying to make your scene as good as it could be, whether that scene is on the A47, in the carpark of your ED or in the resus bay. Having a look around and having some situational awareness, thinking about your environmental things that can make your life and scene a bit easier - like your defib trolley that is in the way of absolutely everybody bumping into. Additionally, I think probably a little bit more of the human side. On reflection, in hospital before this EAAA experience, I tended to be quite distant, with a view of trying to be formal. But actually, showing some



patients, TBI being one of them, and I think cardiac arrest is going to be emerging as the next vulnerability and being a bit more human as a leader can often be super powerful and help

build relationships and get everyone in your team on board. It makes you more real, rather than just being a robot.

**Acronyms:**

**A&E:** Accident and Emergency

**ACCS:** Acute Care Common Stem

**AI:** Artificial Intelligence

**BSc:** Bachelor of Science

**EAAA:** East Anglian Air Ambulance

**ECPR:** Extracorporeal Cardiopulmonary Resuscitation

**ED:** Emergency Department

**KSS:** Kent Surrey Sussex

**PHEM:** Pre-Hospital Emergency Medicine

**ST:** Specialty Trainee

**TBI:** Traumatic Brain Injury