



FACULTY OF
**PRE-HOSPITAL
CARE**

STUDENT & TRAINEE GROUP

Career Insight



Career Insight:

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I first became interested in Pre-Hospital Care back when I was a third-year medical student around sixteen years ago. It wasn't something that I had ever really heard of before, and it was more paramedics that did that work and not doctors. There weren't really many opportunities to get involved with Pre-Hospital Care back then, but there were quite a few Pre-Hospital conferences that happened in the region that I was [Peninsula] because there were quite a lot of Military and Pre-Hospital doctors in the region. I went to a few of these conferences and knew I wanted to do Emergency Medicine as a base career. I did my elective in Tygerberg Hospital in a trauma unit in Cape Town South Africa and got quite a lot of exposure to trauma there. Then did Foundation Training in Plymouth and had an EM job within that in a busy MTC, saw quite a few patients being brought in by PHEM teams and quite a few of the consultants that I worked with also did PHEM.

After my Foundation Training, I took a year out and worked abroad. Firstly, in Madagascar and then Papa New Guinea and did a little bit of aeromedical retrieval stuff whilst in Papa New Guinea. After that, came back to the West Midlands to do EM training, not long after that I had my first child, had 12 months maternity leave and came back less than full time and it wasn't long after that I had baby number two so have been in less than full time training since 2019.

After that, I knew I was starting to get senior enough to be starting to be ready to do some PHEM. I did the BASICS PHEC course and as soon as I was senior enough, I applied to the West Midlands CARE Team. So, I have been with them now for nearly three years as a volunteer doctor and completed a twelve-month PHEM fellowship with them which has given me opportunities to spend time with the other local PHEM platforms and get involved with research and clinical governance projects. I have recently taken on the role of education



lead for the CARE Team as well as leading their Junior Membership Scheme. I have also recently joined the Faculty of Pre-Hospital Clinical Standards Committee which I am really looking forward to getting involved with. And then, the aim is to apply for PHEM sub-specialty training this year hopefully with the ultimate goal of one day being an EM and PHEM consultant. So that is my career path so far.

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

I am a very practical person, I like doing skills and being hands-on and although you do get to do a lot of that in Emergency Medicine, as you become more senior you don't do it as much. I like the fact that in PHEM even when you are a senior consultant, you are very hands on using your skills even just like examining patients, doing intubations, thoracostomies, joint reduction, all those kinds of things. So, I like the fact that it is very practical.

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I also like the fact that there is a big reliance on the team, which again overlaps a lot with Emergency Medicine, but I like the fact that it is multidisciplinary where you are working with Paramedics, Nurses, Police, Fire, all sorts of people.

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I rely on them, and they rely on me, to make things work and look after the patient. I also really enjoy the fact that you kind of have to go back to basics with Pre-Hospital Medicine, so for the majority of the time you don't have blood tests and scans or even the time to take a full collateral history, you have to really rely on your skills and knowledge of things like reading the wreckage, predicting injury patterns based on mechanism of injury and adjust your skills in performing a good primary survey. I really like the fact that I feel like I am using real hands-on medicine to assess and manage patients.

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

It has always been a competitive speciality, and it is getting increasingly competitive, so I think starting as early as you can and getting as much exposure as you can. Even if it is things like I did, going to Pre-Hospital conferences, they can help you with things like networking or giving you insights into different opportunities.

Attending courses or clinical governance days. Some really good advice I was given a few years back was if you are doing audits or research in your in-hospital practice, you can do them with a Pre-Hospital slant. For example, in A&E doing an audit, look at the interface between Pre-Hospital and in-hospital care. Even though you are not Pre-Hospital, it is applicable to PHEM. And just taking any opportunities, you can to speak to PHEM Consultants, Registrars or CCPs that you might know or come across and get advice from them. And having a look at opportunities that are available with The Faculty of Pre-Hospital Care as well can be a good opportunity.



As you get more senior and more get closer to applying for PHEM training or PHEM fellowships, look at the IBTPHEM person specification and think 'What can I do that is on this specification to help me move towards getting a job in PHEM?'. There is lots that you can do even if you are not senior enough to be doing actual PHEM as a job. Explore all of those different options.

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

I think for me it has been a big challenge trying to balance PHEM with EM and then my life outside of medicine. The PHEM work that I do is unpaid and voluntary in my spare time, so having to balance that with my EM training is challenging. Making sure I am not neglecting that and am still focussing on being a good EM doctor, doing my exams and ticking all my boxes on my portfolio and then also trying to make sure that I am balancing that with being a mum and a wife and having friends and family. It's very much been a journey, and I don't always get it right and I am still learning, but it has taught me a lot about being organised and what my priorities are and the importance of having a good support network.

And I think also a big challenge for me has been going from in-hospital where I reached a stage of my career where I was fairly confident and fairly comfortable and felt like I knew what I was doing to then go to the Pre-Hospital environment where I felt like a medical student again. The learning curve was so steep, and although a lot of my EM knowledge and skills were relevant, having to look at how to apply it in the Pre-Hospital environment was a whole

new challenge and I relied heavily, and still do, on my Paramedic colleagues and people who have been doing PHEM a lot longer than me. There is still so much to learn, and it never stops, and I am always faced with new and evolving situations and challenges which although it is a challenge, it is one of the things I love about Pre-Hospital Care. The fact that you are always learning and are always faced with new challenges you have to adapt to and overcome.

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

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I think one of the great things about PHEM is that it is still quite a young specialty, it is still very rapidly changing and evolving.

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I like to think that in the future it is going to be more accessible to those who traditionally had more difficulty accessing the speciality or who have been put off from applying. For example, those with children or carer responsibilities or those who are less than full time for whatever reason. It has been quite a while now since I have experienced it, but throughout my career I have been told by people that PHEM isn't for me because I want to have a family. Thankfully, that is changing, and I see it continuing to change. I do see it continuing to become more accessible, but I still think that there is a bit of a way for Pre-Hospital care to go in order for it to



catch up with some of the in-hospital specialities, but I think that will change.

I think the other thing I see changing is just what we are able to deliver in Pre-Hospital Care and that is one of the things I like about it. There is lots of ongoing research and lots of development in what we are able to deliver to patients. I think cardiac arrest management particularly is something we are going to see changing quite a lot and with SPEAR and REBOA in medical cardiac arrests, I think we will be seeing a lot more of that. I like to think in ten years' time how will it look different, will there be Pre-Hospital ECLS services set up around the country, what are our survival rates going to be?

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I think it is just really exciting to be involved in Pre-Hospital Care and to see how things are going to change and outcomes are going to be different for patients in years to come.

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

So, I think that there is a huge overlap between EM and PHEM and there are things I have taken from both that I have applied to both. I think that one of the things about Pre-Hospital Care is that there is a really big focus on human factors. I haven't quite seen it

become as big of a thing in Emergency Medicine yet, so doing PHEM I have learnt a lot about leadership and communication styles, and I have applied a lot of what I have learnt to my in-hospital practice, and I have seen my in-hospital practice benefit because of that. Particularly when I am leading a trauma in resus, I use a lot of the things I have learnt from when I am running a trauma in the Pre-Hospital environment.

Also, I think I have become a lot less scared about managing big sick patients in hospital. I think that if I can manage a really sick trauma patient in the dark, at the side of the road with only two or three people by my side, then I can definitely manage it in resus. Of course there are different challenges, but it has definitely taken away some of the fear and improved my knowledge and my confidence and my skills, and I think overall it has definitely made me a better Emergency Medicine doctor than I would have been if I hadn't done PHEM.

Acronyms:

A&E: Accident and Emergency

BASICS: British Association for Immediate Care

CCP: Critical Care Paramedic

ECLS: Extracorporeal Life Support

EM: Emergency Medicine

IBTPHEM: The Intercollegiate Board for Training in Pre-Hospital Emergency Medicine

MTC: Major Trauma Centre

PHEC: Pre-Hospital Emergency Care (Course)

PHEM: Pre-Hospital Emergency Medicine

REBOA: Resuscitative Endovascular Balloon Occlusion of the Aorta

SPEAR: Specialist Percutaneous Emergency Aortic Resuscitation