



FACULTY OF
**PRE-HOSPITAL
CARE**

STUDENT & TRAINEE GROUP

Career Insight:



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Please tell me about your career pathway?

My interest in Pre-Hospital and Emergency Medicine (EM) started at medical school, so I knew that was the pathway I wanted to follow. I was keen to get involved as much as possible in Pre-Hospital and Emergency Medicine. When I was a medical student, I attended observer days with the Scottish Ambulance service to get some experience with local ambulance crews, in addition to EM placements. I also attended conferences and clinical governance days tailored to Pre-Hospital and EM. I did my elective in Johannesburg Hospital Trauma Unit, to gain more experience of trauma and had the interactions of Pre-Hospital services there.

After medical school, I targeted my jobs to EM for my Foundation 1-2 posts and then got a bit more involved at a middle grade level,

doing a bit of event medicine and a bit of sports medicine, including the Olympic Games, Commonwealth Games and motorsport.

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I attended various Clinical Governance days to do with Pre-Hospital Care, as well as conferences, such as the annual Retrieval conference.

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During my EM training I was successful in achieving the Robin Mitchell Travel Fellowship, enabling me the opportunity to go to Norway and compare Pre-Hospital services with Scotland and have a greater understanding of system changes.



I then did my PHEM (Pre-Hospital Emergency Medicine) sub-speciality training between ST5-ST6, working for Magpas Air Ambulance and East Anglian Air Ambulance.

Following completion of my EM training, I did a 6-month post CCT Clinical Fellow Post with EMRS West (the Emergency Medical Retrieval Service) based in Glasgow, followed by a 6-month placement with MedSTAR in South Australia to broaden my PHEM and Retrieval Experience. I then returned to Scotland and settled into a substantive consultant post at Clyde Emergency Departments (in Paisley near Glasgow) and EMRS.

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

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I think the key thing that I found with Pre-Hospital care that was different to hospital medicine is, I really like the fact you can deliver critical care to the patient in the environment they are in and make a real difference for your patient.

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Being able to work in a multi-disciplinary team, in an environment that is constantly changing is something I really enjoy about Pre-Hospital medicine. In the hospital-based setting, it is probably more about the medicine and less about the other factors.

Whereas in the Pre-Hospital setting there is a lot of logistics, planning, weather challenges and what you choose to do may vary depending on the circumstances you are in. I enjoy working in the evolving environment and ultimately being able to deliver care to a patient right at the time of the incident.

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

I think whatever level you're at, it's important to try and get as much experience as you can, but the key thing is to make sure you're on point with your base specialty and your training. It's really important that you're at the top of your game in terms of achieving your assessments, base specialty examinations and being the best clinician you can be.

Once you have achieved that, think outside the box. It's not always about spending lots of time with Pre-Hospital services. It's great if you can get an elective with Pre-Hospital services, but I know they are becoming more and more challenging to obtain. Attending clinical governance days and completing audits or quality improvement projects with a slant on pre-hospital care is always a good way forward. Think about going to your local ambulance service and asking to observe front-line crews is also really helpful in giving you an insight into Pre-Hospital care.

Building from that, some people are particularly interested in event and sport medicine, however I think you must be cautious and make sure you



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are working at an appropriate level which you are trained to do, in a well governed system with appropriate support and indemnity before taking on these roles.

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

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The biggest challenge is that you're working in a very different environment to the hospital. I think the challenges are also what makes the sub-specialty awesome.

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It's not just about the clinical aspects of the patient, you've got a variety of logistical things to think about, for example where are you going to take the patient, what is the weather doing, what transport platform is available to take you.

You also don't have as much information at your fingertips as you would in a hospital. Although technology is improving, (for example using point-of-care blood tests and ultrasound in the pre-hospital environment), a lot of clinical decision making is down to your own clinical acumen. You additionally don't have the back-up of multiple

specialities as you do in the hospital, it is you and your team, so it's being able to fine tune your clinical skills to provide the best care you can to patients.

Human factors and non-technical skills play a key role when working in flash teams and unfamiliar environments and there is a careful balance between deciding what is the risk vs benefit to doing something in the Pre-Hospital environment. For example, you may know what the patient ultimately needs but deciding what interventions are required when or where can be tricky.

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

I think there are two stems to that, so from an ambulance service point of view, the significant hospital pressures of overcrowding is having a direct impact on the ambulance service. I think addressing things like reducing stacking at hospitals, improving ambulance response times and looking at how we can intelligently triage patients and other pathways that patients could be referred to, for example, could patients stay at home and be treated through primary care, needs to be an important development to improving things for both patients and staff.

From a critical care point of view, critical care has massively expanded in the Pre-Hospital arena since I first trained. Most regions are moving towards providing 24/7 critical care to patients. We're not quite there in Scotland yet with some of the primary work, but I think we're getting there slowly, being able to provide that remote



critical care response is key. Thinking more along the lines of technology, I think we'll see more in the use of tech to support triage, using tools like GoodSam to triage people remotely. There's discussion about using drones to visualise scenes or delivering medical kit, so we'll see where that takes us.

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

I would probably split this into clinical and non-clinical. From a non-clinical or non-technical skills perspective, I have learnt a lot about my communication, leadership and followship style, as well as working in multi-disciplinary flash teams. I think that is useful to bring back to working in a busy Emergency Department. Having to make quick, sensible decisions about patient care is also something which is adaptable to both the PHEM and EM environment. With the additional hospital and overcrowding pressures, having an understanding of what triggers you to be cognitively overloaded, and understand how you manage pressure can help you perform at your best level.

Moving onto clinical, being able to identify and manage a critically unwell patient with limited information is an important part of working in PHEM. Working in the Pre-Hospital environment, you realise you don't necessarily need blood results and radiology reports back to determine how to manage that patient and if they need admitting.

Similarly, taking the critical care elements of Pre-Hospital and retrieval medicine (for example Emergency Anaesthesia, Sedation, lines, ventilation strategies and inotropic support) is something I can adapt from my Pre-Hospital and retrieval work into the Emergency Department.

Acronyms:

CCT: Certificate of Completion of Training

EM: Emergency Medicine

EMRS: Emergency Medical Retrieval Service

PHEM: Pre-Hospital Emergency Medicine

ST: Specialty Trainee