



FACULTY OF
**PRE-HOSPITAL
CARE**

STUDENT & TRAINEE GROUP

Career Insight:



Career Insight:

Elie Monsell

Advanced Clinical Practitioner in Emergency Medicine and **Pre-Hospital Nurse**,
West Midlands CARE Team

Interviewer: Dr Francesca Harper, FPHC STG West Midlands Regional Rep

Editor and Graphic Design: Dr Sophie Riley, Chair of the FPHC Student and Trainee Group

Please tell me about your career pathway?

I am a nurse by background. I decided I wanted to be a nurse when I was on work experience around year 13. I had the opportunity to shadow some orthopaedic surgeons and the people who were most interesting to me were the nurse specialists who worked with him. He worked in paediatrics. So, I did work experience there and then felt really passionately about becoming a nurse after my experience with those people.

I applied to do nursing through the university route. I did a four-year undergrad masters programme in Nursing and then decided that I wanted to be, without qualifying yet, a HIV-specialist nurse. So that is what I thought my career was going to be. I ended up moving to Birmingham as the only infectious diseases

job in the country at the time when I was newly qualified was there. I did six months on an Infectious Diseases ward and then felt that I wanted to do something where there was more urgency there. I felt that I would be good at emergency. I had no evidence that would be true, but I felt that was something that I wanted to be, so I was trying to work out where lots of emergencies happens and decided the Emergency Department might be a good place to start.

I did a couple of years as a nurse in the ED as a band five staff nurse in a big trauma centre. After a couple of years in Emergency Medicine you can get a little burnt out, so I had an opportunity to take some time out and work abroad for a little bit, and did, and also worked in Intensive Care for a little while trying to work out what kind of nurse I wanted to be. I ended up back in the Emergency Department about four years later. From there, the idea of an Advanced Clinical Practitioner was introduced to me. I'd never really heard of that job when I qualified, so I



10th August 2025

applied for that job about eight years after being qualified. I didn't get that on the first go, but on my second year I got a place and for the last four years I have been working as an ACP in Emergency Medicine in a trauma centre which I absolutely love. I am one year off credentialling with RCEM. That has been my career - I've been twelve years qualified so far.

I became interested in Pre-Hospital Care in a bit of a roundabout way. When I said I worked abroad for a little bit of time, I had a chance meeting with someone who was the CEO of a first aid charity that worked in East and Southern Africa. I was pretty keen on travelling and doing some volunteer work, so ended up as a volunteer First Aid Instructor. That was after my first couple of years being qualified as a nurse. I took some time out, I took some unpaid leave to go and work over a summer as a First Aid Instructor, and I loved it so much that I actually came back, quit my job and started working for the charity. So, I worked in a couple of roles for them – I worked as a Programme's Manager for their community first responder training programme and also completed some consultancy work on and off when they moved to new areas in terms of needs assessments and things like that. I got into helping them write a syllabus that was specific to each country we worked in and became really passionate about first aid in low resource settings.

When I came back to the UK, I had all of this knowledge that I learnt that was a little bit separate from my career really. A&E in a high resource setting vs first aid in a low resource setting is kind of like the opposite ends of the

spectrum, but I really wanted to continue working in a Pre-Hospital setting. I had always seen Pre-Hospital enhanced care teams around working in a trauma centre, so since I was a baby nurse I'd seen these teams coming in, but I didn't know too much about how you ended up working for them. I remember very clearly on one of my first shifts in A&E what I now think was MAAC bringing in a patient.

“

I was always so in awe of how prepared and composed they were when they were giving handovers and always imagining where they might have been.

”

I remember someone walking out of resus once and it had 'Nurse' on their back, and I was like 'Nurses can do this? Woah'. So, I knew it was an option to be a nurse in a pre-hospital setting, but I didn't know how to go about that.

Through talking to different people in my Emergency Department, I learned about the West Midlands CARE Team, and that that was an enhanced care platform that you could apply as a nurse to be part of. So, I applied just as I started my ACP. So, I had been qualified about eight years as a nurse and I got a role on the CARE Team and my ACP role in the same week, which was quite stressful! That is how I have ended up working in Pre-Hospital care. So, it has been a bit of a roundabout way of getting there.



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

I always had, and still do have, a huge respect for paramedics. Before I worked in the Pre-Hospital setting, I had an idea but was not completely sure what their job looked like day by day. I was always so interested in how they got from the phone call they got to see this patient to getting to me in resus. I was always very interested in, and inspired by, how they would get patients out of situations, the problem-solving skills they had to use, and I was always really, really interested in that part of the process and almost quite jealous that I wasn't involved in it.

“

So, I think that seeing wonderful paramedics over the years in all sorts of different situations is the main thing that inspired me.

”

I also met a lot of people who, without realising it, work Pre-Hospital in East Africa. The lack of infrastructure means that a lot more Pre-Hospital stuff happens in the local community. So, I have met a lot of people over the years, first responders, who would not call themselves first responders but that was who they were – the person in the village you come and get if something bad happens. So many people over the years when I have been teaching and travelling that have

inspired me to also want to get in that specific bit of a patient's journey.

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

The advice I would give is, this is probably very specific to people who aren't doctors or paramedics, there isn't a really clear-cut pathway for nurses to get into the Pre-Hospital setting. I think it can be quite frustrating sometimes because you can't clearly see how you can get to that point. So, my advice would be don't try and rush or push yourself into doing whatever you can do that seems like it might be Pre-Hospital. I got into a situation where I was so keen to get into Pre-Hospital that I was signing up to Search and Rescue teams and stuff that wouldn't have been a waste of my time but wasn't exactly what I needed to be doing. Just because I was so desperate to just try my hardest to get into this field.

I recommend being patient and have conversations with people who work on these platforms. If you are working in any hospital, there will be someone who works Pre-Hospitally. The way the network works in the Pre-Hospital world is that there is always someone who knows somebody and people are so accommodating and open that I think being patient and having conversations throughout your early career is quite useful, and much more useful than just 'I want to work on a helicopter so I am going to join X thing and pay to do this thing or another'. I think it is very tempting to be frustrated and try and force your way in. There are routes in there, it is just finding them. I really recommend just talking to people.



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

For me, I think, and I don't know if this is my brain or if there is a reality there, people are quite stoic about what they see, and I think this is true of Emergency Medicine as well. There is a bit of a bravado of 'well this is our job, so it doesn't really affect us'. I went through a lot of my early career thinking 'well, this is what I've trained for, I shouldn't be upset by this, this shouldn't be affecting me in the way that it has'.

“

My advice would be, you are a human being, everything that you see, especially things that happen to other human beings, is going to affect you. Don't ever feel that that is a weakness. It isn't. It is how you manage those feelings and how you process them that is a strength.

”

Just because other people around you are saying that it hasn't really affected them and they feel fine, it doesn't necessarily mean that that is true. I think that can be a bit of a challenge in all areas of healthcare, but in Pre-Hospital especially. I think, actually, Pre-Hospital may be a little bit better than in-hospital for me, but only marginally. There are still a lot of people who say 'everything is fine, this doesn't affect me at all' when I don't

think that's true, and I don't think that is the best way to deal with the secondary trauma that you experience working pre-hospitally.

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

I can see already that because of advancements in what we are able to do Pre-Hospitally, that actually the traditional way of someone going out to a patient, bringing them to hospital, stuff happens, and they end up going somewhere doesn't even really need to happen anymore. There are cases I have seen where the care has been so good Pre-Hospitally, and so advanced, that you can drop these patients directly to theatre and other end points in the hospital where they need to be. This is because they are getting everything that they would previously get in ED resus. There is a lot of streamlining of where we can deliver these patients too. I mean now, we can deliver patients straight to the cath lab from the Pre-Hospital setting which is something we never did before. These things can happen now because of how great the care is.

I'd also like to say more nursing involvement. I think that as you are delivering more enhanced procedures and care, stuff that is traditionally done in hospital, nurses are really important parts of that because they are the people who do those procedures in hospital often, alongside the clinicians. So nursing is really valuable pre-hospitally. An example of that is giving blood products – I have been giving blood since I was a newly qualified nurse. It is something I am really comfortable and familiar



with, whereas paramedics may not be as familiar. So, there is that experience there that you can bring to the Pre-Hospital environment. I like to think that more nursing roles would be really valuable, but I know that that is a challenge with the overlap between Critical Care Paramedics and Paramedics.

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

“

I am much better at seeing the timeline of my patient and where they need to be after a certain amount of time.

”

I think before I worked Pre-Hospitally, I would have a patient in front of me and I wouldn't really be considering 'Ok, in half an hour I would like this patient to be through the CT scanner and in an hour, I would like this patient to be on the ward'. That wasn't really how I thought. It was a bit more of a slower process without a lot of long-term thinking or planning. I think because of how you have to work in a Pre-Hospital setting you set yourself milestones of where you need to be at certain times to make sure that the care flows really well and you have an extrication plan, and you are getting to where the patient needs to be. I think I now have that mindset at work which has massively improved the timeliness of my patient journeys I would say.

I also think communication. I think before I worked in the Pre-Hospital setting, I was

maybe a bit shy and not as confident in my communication, especially with senior clinicians. Whereas I feel like working Pre-Hospitally, obviously there is a hierarchy, but working in much smaller teams it seems a lot flatter and communication is very open. I think that is how I communicate now with everybody in a hospital which I think is a lot easier for me to feel that I can communicate confidently with all sorts of different people as that is something you have to do in the Pre-Hospital setting all the time. You could be talking to very senior Police Officers, people in the Fire Service, HEMS Consultants, and if you can talk to all of those people in a similar way in a very clear, calm way, that is a very effective way to be a clinician and I think that I have learnt that from the Pre-Hospital setting.

Acronyms:

A&E: Accident and Emergency

ACP: Advanced Clinical Practitioner

CEO: Chief Executive Officer

CT: Computer Tomography

ED: Emergency Department

HEMS: Helicopter Emergency Medical Services

MAAC: Midlands Air Ambulance Charity

RCEM: Royal College of Emergency Medicine