

## AMSF Report

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*Self-created Selective* 13/2/17 – 10/3/17

London's Air Ambulance

Pre-Hospital and Emergency Medicine

My 4-week elective placement was with London's Air Ambulance (LAA) in conjunction with the Royal London Emergency department. On my first day I was provided with a very comprehensive timetable for the month, which had a great balance between teaching sessions and meetings at the helipad, time in the emergency department and shifts with the Air Ambulance's medic 2 (trauma based response team) or physician response unit (medical based response team). I had a mix evening and weekend shifts as well as days, but also scheduled days off which left me ample time to enjoy exploring London, enjoy a weekend road trip with my travel buddy Annie and even a chance to pop over to Wales to visit some family!



A large part of my time on placement in London was of course spent at the helipad with LAA, and out on shifts with either the trauma or medical based teams. Time spent 'on the road' was an incredible opportunity to see some of the world leading experts in pre-hospital emergency medicine do their job. It was such a valuable experience to see the scope of practice the paramedics and doctors within the LAA have, and how that translated to a very high capacity for medical and procedural intervention in the pre-hospital environment. When we responded to traumatic cardiac arrests, or stabbings, or even to elderly patients in nursing homes after a fall, the ability of the teams to delegate, communicate and manage the patient and their family was fascinating to observe, and most importantly the debrief afterwards was invaluable. Some of the situations were very confronting, especially those that ended in a patient death, and the Air Ambulance team always took charge of a debrief immediately after the incident with both the LAA team (including observers such as myself who were present), and the London Ambulance Service (LAS) paramedics. These hot debriefs were an excellent



way of acknowledging the part everyone in the team played in a situation, as well as ensuring all parties understood what happened and why, allowed questions to be asked about processes and decisions, and clarified if anything could be done differently for future similar situations. It was also a good opportunity for a welfare check, and I certainly appreciate the importance of that immediate debrief more now that I had in the past.

Another core component of my time at the helipad was attending the bi-weekly death and disability (D&D) meetings. A case from the previous week or so would undergo a rigorous audit, with the doctor and/or paramedic who responded to that scene presenting the case and their management to one of the consultant pre-hospital medicine doctors, before being questioned thoroughly on every decision they made. It was a reflective exercise for the clinicians involved in that case, and very much an educational experience. Whilst it was clear you needed thick skin as every decision the clinicians made were picked apart, the learning opportunities that developed around management of complex medical and traumatic patients were phenomenal for not just observing students, but also the clinicians themselves. These D&D meetings were also a chance to meet students from the BSc and MBBS program in the UK, and learn about how their program works, as there are a few key variations from the system back home. Further training opportunities through LAA including attending a training day with the doctors involved in the pre-hospital emergency medicine specialty program. We had talks from various people about the history of the LAS and LAA, what the scope of practice of the varying levels of EMT and paramedics was in London, and information on the wider pre-hospital medicine scene across England and Wales. I also had the chance to attend a clinical governance day for LAA, where they did an audit of 3 cases and prompted educational debate on contentious areas of management, as well as lectures on human hibernation, threat error management and the use of pre-hospital ultrasound in trauma.



The greatest proportion of my time however was spent in the emergency department at the Royal London Hospital (RLH). I was free to choose where I spent the day within the department, and generally shadowed a registrar for their shift. This overall involved a lot of time in the resuscitation area, but I also worked in emergency care which specifically catered for patients with GP-type presentations, or those who are unlikely to be admitted to hospital, did a shift in the paediatric ED and in the cubicles which was an area of ED for moderate acuity patients who were likely to be admitted to hospital. In resus I was exposed to a significant number of major trauma patients and medical emergencies, and was able to see very experienced staff run codes, observe how the team communicated and worked together. Before patients arrived in resus, roles were clearly allocated for the code, appropriate teams were called down (e.g. orthopaedics, trauma surgeons) and radiology was briefed as well. There were times when multiple seriously ill patients would arrive within a short space of time, at one point I was there when four major emergency patients arrived within half hour of each other, and the chronically short staffed team had to really triage and delegate resources appropriately, and requisition staff from other areas to ensure that patients received the best possible care. This was interesting to observe as by taking nursing staff and doctors from other areas meant that the waiting times increased further for patients there, and put more pressure on those who were remaining in the other areas. My clinical skills were also developed further whilst in the emergency department, as I was encouraged to clerk patients and hand over to a registrar, I assisted with joint relocations, took ABGs and bloods

and generally helped as best I could. There was a real collegiate sense of camaraderie, and I very much felt a part of the team and like I was making a positive contribution to patient care.

Overall, it was an absolutely phenomenal placement. I had the opportunity to observe and work with some of the leading experts in pre-hospital and emergency medicine. I was involved in cases unlike anything I had seen previously, and the teaching and academic opportunities through the D&D and training days were informative, interesting and often on topics in which I had little previous knowledge. There were moments that were incredibly confronting, but the value of debriefing and the camaraderie in the team made it so worthwhile, and definitely has added value to the clinician I hope to be in the future. Thank you to the AMSF, London is an expensive city and I was able to enjoy it all the more with their financial support.