ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Background and Introduction

The South East Coast Ambulance Service (SECamb) covers an area of 3,600 square miles ranging from Brighton & Hove, East Sussex, West Sussex, Kent, Surrey to North East Hampshire. The terrain includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country. The types of patients include those that are critically ill and injured and who need specialist treatment, to those with minor problems and can be treated at home or in the community.

I had the privilege to be placed with the Critical Care Paramedics (CCP). These practitioners are paramedics who have undergone additional education and training to work within the critical care environment which includes a pre-hospital environment and by undertaking Intensive Care transfers between hospitals. The CCPs can be found working alongside doctors at the scene or independently, and can treat patients suffering from critical illness or injury, providing intensive support and therapy, and ensuring the patient is taken rapidly and safely to a hospital that is able to treat their complex needs. They are able to assess and diagnose illness and injuries and treat patients using controlled drugs and are sufficiently skilled to manage airways, and if necessary, to insert an endo-tracheal airway.

Learning objective 1:

The pre-hospital environment

The pre-hospital environment provides a completely different setting to the hospital environment. Simple factors that clinicians do not usually think about such as space, lighting, and terrain can all become major factors that affect the ability of the Paramedics to access and treat the patient, particularly if you are the first clinician 'on-scene'. Once the other emergency services such as the police or fire brigade arrive, then this task can become much easier. An example may be where there has been a multiple vehicle road traffic collision, requiring the road to be closed to allow the clinicians safe access to the patient. Once at the patient then the over-turned vehicle may need to be dismantled to allow access, however, while this is being done, the clinicians will attempt to carry out some treatment. I find this aspect of the pre-hospital environment especially challenging and interesting.

Additionally, a couple of aspects that I had not considered were that the patient's relatives were often a contributing factor. Relatives would often try to help, however, on occasion relatives may often hinder the ability of the paramedics to carry out treatment either unwittingly as they thought that they were trying to help, panicking, due to sheer numbers. Again, the use of the other emergency services such as the Police was often required to control the environment.

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Once the environment was under control, I often found that the CCP assumed the role of the team leader as the other paramedics would look to the CCPs for further management of the patient, and often reply on the additional training and experience of the CCPs.

Communication

Communication within the team was a key component that ensures that all team members are aware of what treatment is being carried out and what treatment or manoeuvre will be carried out shortly. When the CCP and I were driving to a scene, we would sometimes verbally rehearse various scenarios, and I would then confirm my role within that scenario.

Communication within the team often consists of short and specific sets of instructions. The environment has many complicating factors including emotional relatives and family, requires time-critical decisions and treatment, environmental factors and access.

Additionally, I noticed that the CCPs often verbalised their thought processes as treatment and interventions were being carried out. I was unsure whether this was a formal arrangement, but noted that all members of the team were kept informed and were aware of the current and future treatments.

Another feature of communication and also learning was the team de-brief after the incident. All members of the team were gathered and formed a circle. Each member of the team was allowed to express their view on what aspects of the scenario went well well, and what aspects could be improved upon. This was done in a non-critical and non-judgemental manner and in a 'flattened hierarchy', where contributions were valuable regardless of grade, training or age.

When speaking to relatives, the style and method of communication changed to a more compassionate and empathic manner.

These changes in communication styles, situational awareness and quickly assessing and taking charge of the scenario is a very complex set of skills to implement successfully within a time-pressured and rapidly changing environment, however, the CCPs made the process appear smooth and seamless whilst maintaining a high standard of professionalism.

Although the medical school spends a significant proportion of its time on communication, it is my opinion that this level of proficiency can only be gained through experience.

Objective 2:

Although we have regularly practised the ABCD method of assessment, using this within a pressured environment can be very challenging. Although the ABCD method of assessment is useful in all clinical scenarios, within an emergency scenario, I found that I had to concentrate fully on the task that I had been allocated. I did not have the opportunity to carry out a secondary survey as the patient(s) had already been assessed and were on their way to hospital at the few road-side incidents that I had attended.

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Objective3:

The pre-hospital environment does not allow accurate diagnosis due to limitations of equipment, tests information and environment. Patients are often confused, possibly due to alcohol or drugs, with no collateral history. During medical school, a full clerking for a patient with diabetes mellitus is a useful task to be carried out on the ward, however, life-threatening injuries require immediate treatment using the following principles:

- The greatest threat to life is treated first.
- The lack of diagnosis does not hinder treatment.
- A full medical history is not essential to begin the evaluation and treatment of acute injuries.

Objective 4:

Once an emergency call has been received by the call centre, it is assessed for potential life-threatening keywords such as chest pain or difficulty in breathing. The CCPs are sent to the clinical scenario based on these key words, however, chest pain may also be seen in gastro-oesophageal reflux for example, and the CCP may often be 'stood down' ie advised that their specialist skills are not required at the scene.

Summary

I feel very privileged and grateful to have been involved with the CCPs at SECamb. Not only did I gain an insight and some experience of medicine that I was not able to obtain at medical school, but was able to witness and in some cases assist in the critical care of patients.

I have found the CCPs to be very knowledgeable and exhibit professionalism even in the most pressurised of circumstances. I have not only gain a valuable insight into the direction that my career will take, but have, perhaps more importantly, how I should interact with the team and members of the public. Their continued ability to reflect and continually improve their abilities are amongst a number of skills that I will take into my training as a junior doctor.

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