

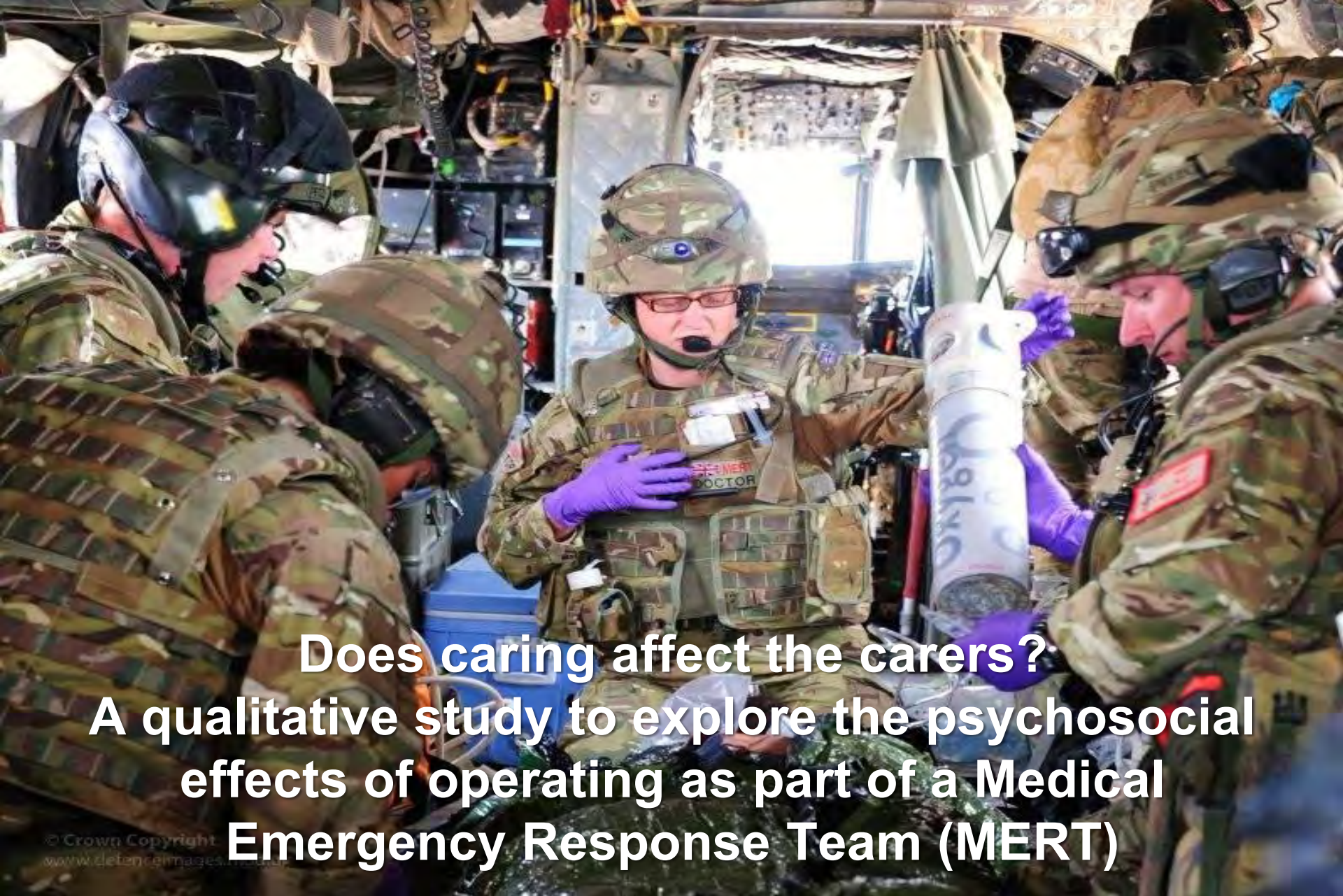


# RCN International Nursing Research Conference 16-18 April 2018



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Medical Directorate



**Does caring affect the carers?  
A qualitative study to explore the psychosocial  
effects of operating as part of a Medical  
Emergency Response Team (MERT)**

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# Background



**“Op HERRICK will change you!”**



# The MERT role



# The MERT role

- **2 x teams (1 consultant, 1 nurse, 2 paramedics)**
- **24hr rotational duties**
- **Teams work, eat and socialise together**
- **Teams are accommodated together**
- **Deploy for a 3-month period**



# So Why MERT?



**CARERS HAVE NEVER BEEN STUDIED**



# Potential at Risk Group: Stressors?



- Operational tempo
- Small teams
- Warfighting  
Counterinsurgency  
Humanitarian  
Contingency
- Reactive
- See, Hear, Smell



# Potential at Risk Group: Stressors?



- Insight into impact of injuries
- Active Reflectors
- High professional standards
- Don't like 80/20 solutions
- Self-blame and guilt

Not good at seeking medical help for themselves.....





# Potential at Risk Group: Resilience?



- Good communication within MERT
- Strong leadership
- Well trained and prepared
- High professional autonomy
- High reward of saving lives / making a difference



# Potential at Risk Group: Resilience?



- ‘Close family’
- Aware of the risks
- Standardised pre-deployment training
- Standardised ‘decompression’ package
- RAF Recall “debriefing” days



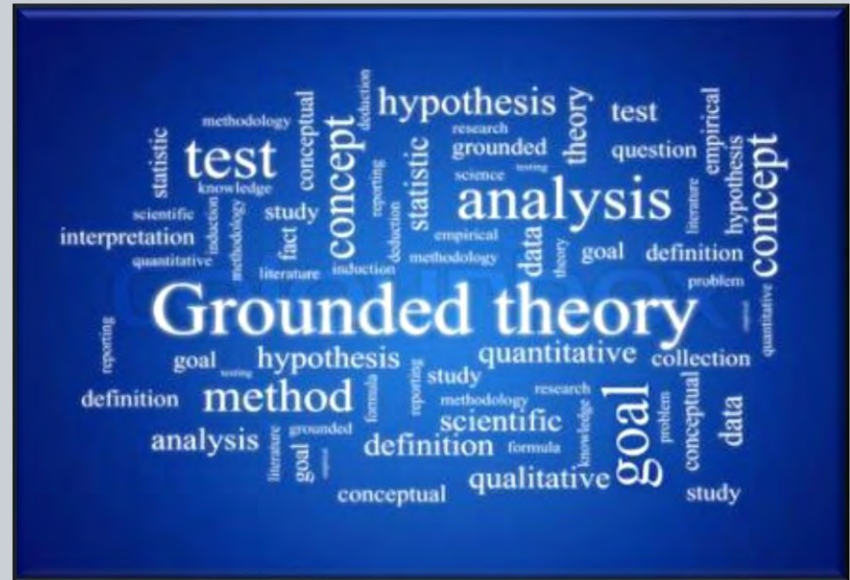
**But Actually We Didn't Know.....**



Medical Directorate

# Method

- Semi-structured interviews
- Consent before and after
- Single expert interviewer
- Recorded and transcribed
- Withdraw at any time



# Participants

Stratified sampling framework



# Participants

	Total	Male	Female	Regular	Reservist	Veteran
Paramedic	5	4	1	4	1	0
Nurse	6	3	3	4	0	2
Doctor	4	3	1	2	1	2



# Interview Schedule

What made you select Pre-Hospital Care as a specialty?

How did you feel when you were selected for MERT duties?

Do you feel the Pre-Deployment Training fully prepared you for your deployed role?

Was there anything you felt unprepared for and if so what?

What is your lasting memory of your MERT tours?

Do you think your MERT tour/s affected you? If so how and why?

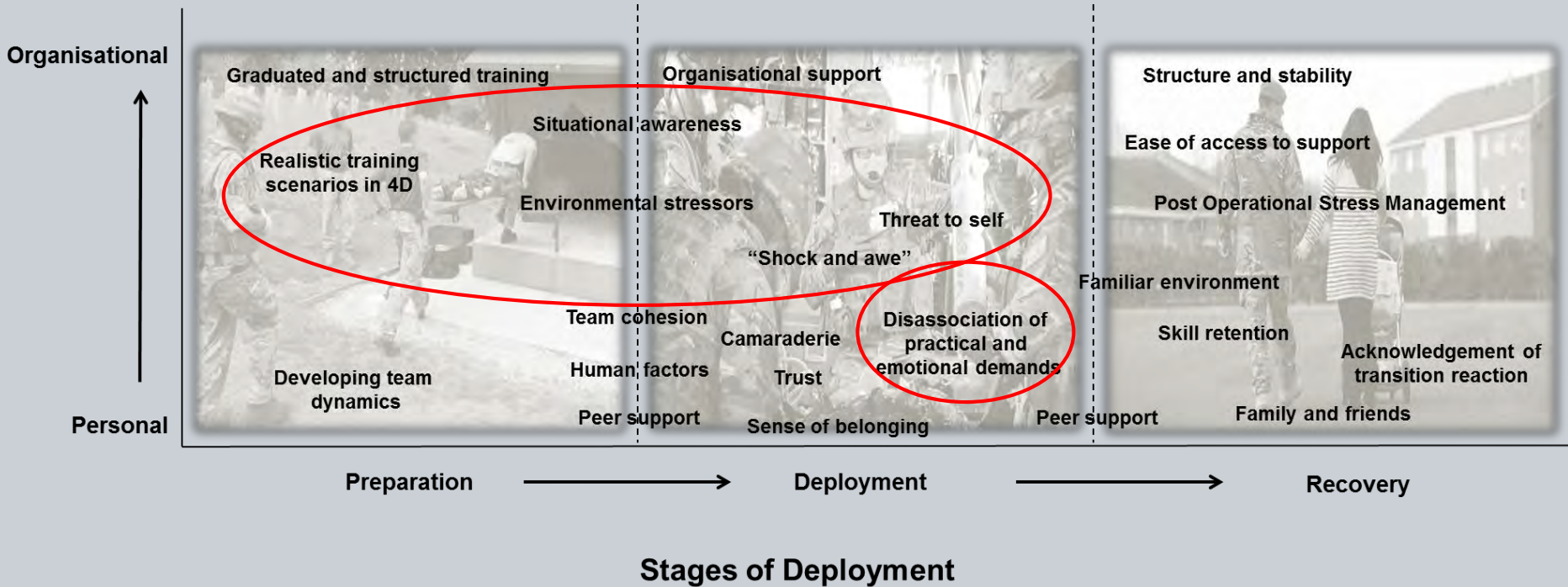
Was the formal military Post Operational Stress Management (POSM) package adequate to help you cope with your experiences? If not what else did you need?

Did you need additional support over and above POSM? If so did you feel able to seek it?

Did you feel fully recovered from your tour and able to return to normal duties after Post Operational Deployment Leave? If not how long did it take you to feel fully recovered?



# MERT Model





# Are MERT personnel affected by caring?

*“If you’ve not been affected by it, in some way, somehow, then you’re probably lying to yourself because, because it affects everybody” (N1)*

*“I think being away changes you, you know, I’ve done 3 operational deployments now and they all seem to leave a mark. Be that, sometimes it’s a positive thing, you know, you come away more experienced and more confident and that’s a good thing” (D2)*



# Positive Effects

*“all of my 3 tours, MERT and the hospital one have been some of the most job satisfaction and rewarding things that I’ve ever done” (D4)*

*“I thoroughly enjoyed being able to help people, you obviously wish they hadn’t been injured in the first place but given the opportunity to fix people” (D1)*

*“I see it has been a hugely positive experience, if the opportunity arose to replicate it in the future . . . . fantastic, I would jump at the chance” (P4)*



# How do we mitigate against the negative effects?

*“we do all these training scenarios . . . . actually when you’re being shot at . . . . you’re in a fire fight when you can’t fire back because we don’t know who we’re shooting against and . . . . there’s 15 different groups and they’re all shooting at each other and we don’t know which is good and bad, and then a bloke runs to the back of the cab or comes round the side of the aircraft and just lumps a person on and it all goes crazy, there is no training for that, there just isn’t, you just crack on and do it.” (N1)*



# What Can Be Done?



Recent Training – clinically focussed but is this too ‘sterile’?



# What Can Be Done?

*“I think I was probably a bit naïve about the danger that we were in . . . not maybe being prepared enough with that experience around the aircraft and the planning if something happens, if you came down, you were injured . . . that possibly naivety into what could happen really and maybe more concentration on those kind of military skills” (N3)*



# Mixed Reality Training in Development



# Mixed Reality Training in Development

Stress inoculation and the addition of sensory stimuli



# Questions?

