

"It's incredibly rewarding to be able to use my skills to make people better – from the simplest suture, to a full trauma team activation."

Dr Clare Bosanko is a consultant in emergency medicine (EM) for Plymouth Hospitals NHS Trust in Devon.

Dr Clare Bosanko

Consultant in emergency medicine

Employer or university

Plymouth Hospitals NHS Trust

Portrait of Dr Clare Bosanko

How I got into the role

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As a young child I'd always wanted to be a doctor – I can't remember ever wanting to do anything else! When I was 14 a period of work experience in a local hospital confirmed my career choice. I enjoyed sciences and after A levels I studied medicine at the University of Birmingham.

During the university summer holidays I worked part-time as a lifeguard at a local swimming pool and enjoyed learning about life support and first aid. My medical degree didn't include much emergency medicine (EM), although I attended a weekend course in "pre-hospital care" taught by West Midlands CARE Team. I really liked the idea of looking after injured or seriously unwell patients.

I trained as a doctor before the foundation programme was introduced. Immediately after graduating I worked as a junior house officer in Stoke and Birmingham, with rotations in medicine and surgery lasting six months each. I loved the surgical job with its sociable atmosphere, and enjoyed performing procedures which immediately benefit the patient.

I commenced a senior house officer rotation at the University Hospitals of North Midlands, and my first post was EM. I was able to practise relevant skills, such as stitching wounds and setting fractured limbs in plaster. I also assisted in the resuscitation room.

It was an exciting time to be working in that emergency department, as we were the first trial UK trauma centre. One day we had a young woman who had suffered serious injuries following an accident involving a lorry. I was so impressed by the calm way in which the consultant led the team and saved the woman's life. It was during this post that I decided I wanted a career in EM. I completed a post in trauma and orthopaedic surgery, and then rotations in EM, anaesthesia and general medicine at Royal Shrewsbury Hospital, after which I had my first son.

After taking almost a year's maternity leave I went back to the University Hospitals of North Midlands and worked as a trust grade registrar (also known now as a [SAS doctor](#) ^[1]). I gained a part-time job for 28 hours a week with set shifts. This included evening and night shifts, but because the hours were the same each week I was able to fit work around my family and arrange suitable childcare.

My training for EM was unusual in that I did not enter a training post for higher specialist training. I gained all the necessary experience and skills over a period of six years at middle grade level and was able to become a consultant through the GMC's specialty equivalence route, CESR. This scheme is for doctors who have not undertaken an approved training programme, but who can demonstrate that they have the necessary knowledge, skills, experience and qualifications for their specialty.

I passed the examination needed to have your name added to the specialist register, the Fellowship of the Royal College of Emergency Medicine (FRCER). I've also obtained all the qualifications that you need to become a consultant in emergency medicine including advanced Life Support (ALS), Advanced Paediatric Life Support (APLS) and Major Incident management (MIMMS). During this time I've also been working towards an MSc in Emergency Medicine, taken via distance learning at Manchester Metropolitan University.

During my time at the University Hospitals North Midlands I undertook projects for the emergency medicine department, which helped to develop my management experience. I prepared staff rotas and was the lead clinician for both major incidents and [sepsis](#) ^[2].

What I do

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I work as a consultant in the emergency department at Derriford Hospital in Plymouth, which is a major trauma centre. I have a part-time contract and I normally work three days a week and one in six weekends. I'm usually on-call once a week, which can involve working at night. I supervise all the junior doctors and nurse practitioners and assist with decision-making for our unit. I also support senior nursing staff in managing patient flow.

My role also involves direct clinical contact with very unwell patients as well as leading the team of doctors and nurses. Making effective clinical decisions under pressure is key to emergency medicine.

The range of patients we see is very varied and includes people injured in road traffic and other accidents and the seriously ill, some of who may be in [cardiac arrest](#) [3]. Patients from all age groups present to the emergency department including children, and communicating with parents is a vital part of my job.

One day a week I work a 12 hour shift with Devon Air Ambulance - the team comprises two paramedics, a doctor and a pilot. We attend accidents that include falls from rock climbing, horasing and agricultural accidents and cardiac arrests in remote areas. On an average shift I see two patients, but we could fly out to as many as six incidents. We are able to offer full advanced life-saving procedures including anaesthesia, and surgical procedures such as amputation.

There is a significant non-clinical aspect to being a consultant. I am the lead consultant for our non-training doctors. I have a mentoring role for two members of staff, and help them to develop their skills and career path. I'm also the frailty lead and write departmental guidelines and liaise with other specialties including healthcare of the elderly consultants.

I also spend some of my time teaching both medical students and junior doctors.

The best bits and challenges

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I love the challenge and variety of the work and being part of a high-performing team. Knowing that you can always rely on your team of nurses and doctors is very reassuring and there's a great sense of camaraderie. It's incredibly rewarding to be able to use my skills to make people better – from the simplest [suture](#) [4], to a full trauma team activation.

There are times when, despite the efforts of the team, people don't survive. This always affects me, and some days are harder than others. If a patient dies we have a debriefing session to discuss what happened, and gain support from one another.

Working in EM is very busy and at times it can feel overwhelming. Being able to admit when you need help is important.

Life outside work

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I have two boys aged ten and eight and I enjoy spending time with my family when I'm not working. Doing ordinary things like baking or taking the children to the beach are the ways I switch off from my job. It's really important to leave work behind once you're at home, and this is possible in emergency medicine as patients are handed over to other doctors for ongoing treatment.

In my spare time I have developed a podcast for my pre-hospital colleagues. This is an educational tool that enables me to share learning and to develop pre-hospital services.

Career plans and top tips for others

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I've now moved to a beautiful part of the UK and plan to stay in my present job. I'd also like to help develop the work of the Devon Air Ambulance service.

Top tips

- be open-minded about EM as a rewarding career that offers excellent work-life balance
- try to spend some time in EM as a junior doctor and talk to as many people as you can

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