

Leadership in training: a Q&A with Ian Corrie

As well as the use of practical clinical scenarios, the training weekend was also used to provide leadership and development training for senior members of the regiment. In this special Question and Answer feature, the man in charge, **Ian Corrie**, provides a more in-depth insight into what the training involved



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Q. Tell me about your role in the training exercise at the Ambleside campus?

A. As the Honorary Colonel of 335 Medical Evacuation Regiment and a Principal Lecturer in Nursing Health and Professional Practice at the University of Cumbria, I was able to gain Paramedic Lecturer and Kendal Mountain Rescue Team support for a unique clinical skills and leadership training weekend as part of 335's annual training cycle.

At the University of Cumbria, within the Department of Nursing Health and Professional Practice, we train emergency medical technicians (EMTs), paramedics, Ministry of Defence paramedics, and undertake the delivery of a wide range of related continuous professional development (CPD).

I am in a privileged position where I was able to ask our paramedic lecturers to support the delivery of this weekend (jointly with Kendal Mountain Rescue Team), and Dr Louise Nelson (Head of Department) offered the university clinical skills labs at our Ambleside Campus where we train NHS paramedics.

Q. Can you run me through what the training looked like over the course of the weekend?

A. The weekend was based on Lieutenant Colonel Kelvin Wright's first full training weekend with 335 Regiment as the new commander, with him linking the clinical skills required within the various evacuation roles and the leadership element required within clinical and non-clinical teams into a multidisciplinary weekend.

Kendal Mountain Recue Team members along with Stuart Allan, the Team Doctor, supported the specialist hypothermia training on the hill using the latest equipment and techniques derived from their experience of working in austere environments.

The sections rotated through lectures on hypothermia, trauma, coaching and leadership, and scenario training before heading outside to put it all into practice on the hill under expert instruction of Kendal Mountain Rescue Team members. Three other indoor clinical classroom sessions were being run concurrently with the external hypothermia exercise, and every section participated throughout the day.

Q. What was the reasoning and value of linking together civilian and military clinical care for this exercise?

A. As far as clinical scenarios are concerned, there is as much learning to be drawn from a civilian scenario as a military one. To focus in on the clinical elements, we set the scenarios in a permissive environment where there are no distractions from combat or any other kind of hostile contact. Having access to the high-level skills and knowledge of the various lecturers and Mountain Rescue Team members involved in the delivery, as well as the location and access to the clinical skills labs, seemed like a golden opportunity for each of the parties involved to learn from each other.

The chances of all being available again at the same time made this a rewarding weekend with a lot of new knowledge and skills being developed and exchanged. Part of the Reservist's role is to work with the civilian emergency services, as it is the role of the civilian services to work with the military—this kind of exercise provides alternative perspectives on each other's procedures and processes, and an opportunity to share best practice.

Q. How realistic were the scenarios? Can you paint a picture of one by describing it for our readers?

A. The scenarios were based on the collective knowledge and experience of 335's Training team, University of Cumbria Paramedic Lecturers, and Kendal Mountain Rescue Team members, with the scenarios being selected to make the best use of the facilities, environment and personnel, as well as the immediate and emerging training requirement of the Regiment.

As an example, the hypothermia training on the hill started with an indoor classroom briefing on the likely climatic injuries that each unit might be required to deal with, such as hypothermia, heat-related illness and non-freezing injury; this took into account the military context they might be working in. Some examples of the hypothermia content are: an introduction to the latest hypothermia advice guidance and protocols from UK Mountain Rescue; managing accidental hypothermia (the International Commission for Mountain Emergency Medicine); the Swiss method of staging hypothermia; and packaging techniques for transportation from the hill. Advice and guidance on heat-related illness and non-freezing injuries were also included.

Each unit in turn then moved from the classroom environment onto the hill to be faced with two casualties in distress; primary casualty surveys were then undertaken to assess the condition of each prior to immediate treatment provision by unit personnel on the hill environment.

Mountain Rescue Team members were available throughout to observe and provide advice and guidance. Military safety personnel were in place to ensure a safe scenario was conducted. Once the casualties had been stabilised, they were then transported (carried) off the hill into a safe environment where the latest Mountain Rescue Team equipment was demonstrated, and a full unit debriefing took place. Team members, unit members and paramedic staff then reflected on the learning.

Q. Can you tell me about the leadership and development aspects of this weekend training exercise?

A. Based on the current work being undertaken with Brigadier Rowland, the Commander of 2nd Medical Brigade in relation to Transformative Learning and Coaching as Leadership, a number of relevant elements in relation to team working and self were delivered in the classroom sessions. The basis of this leadership development work is Transformative Reflection (leading to reflexive practice), understanding how we perceive ourselves and how others perceive us, supported by the use of coaching as a leadership style to engage with those within our teams.

The reflective element of leadership is important for personal and team development, as at the heart of Transformative Learning is perspective change; this involves challenging our assumptions, beliefs, and leadership knowledge about ourselves, then taking the appropriate action to develop our leadership behaviours. Unit members were taken through various experiential learning exercises to develop their understanding of the concepts, finishing off with them undertaking one-to-one coaching sessions.

Q. What would you want to share about this exercise with paramedics and paramedic educators?

A. From the feedback I have received, I would think it is fair to say that a large number of the soldiers that participated in the training got a sense of how the Mountain Rescue Team undertake their professional practice, and how the prehospital emergency care curriculum that the University of Cumbria teaches to paramedics informs their current military 'taught' practice.

There was evidence of a good deal of 'knowledge exchange' activity being undertaken with all participants and instructors learning from each other's professional practice, and new knowledge and skills were undoubtedly being developed.

This unique exercise puts the soldiers of 335 Medical Evacuation

Regiment, the Kendal Mountain Rescue Team members, and the University of Cumbria Paramedic Lecturers in a position to better understand core common clinical guiding principles from the perspective of others, which has to be a valuable insight from a training and development perspective.

Q. What would you say that you gained from the exercise, professionally and personally?

A. I think the fact that a great deal of people from the University of Cumbria, the Kendal Mountain Rescue Team, and 335 Medical Evacuation Regiment put a lot of their own time and effort in to make sure that this weekend was the success that it undoubtedly was, shows how much support there is out there for the important work that our military services undertake. It has to be remembered that 335 Medical Evacuation Regiment is made up largely of Army Reservist personnel, who all have day jobs, so the main effort is put in by those who turn up for regular training to commit to being ready to respond should the need arise.

Q. Anything else you would like to add?

A. Just to thank all of the support staff and those that weren't there on the training weekend that put the effort in to the administration and organisation of the logistics to make it all happen—well done and thank you. **JPP**

The regiment has been called in for its expertise across the spectrum of operations the UK has been involved in since its formation in 2005, deploying on operations in Cyprus, Iraq and Afghanistan. Most recently, 35 ranks were involved in training exercises alongside the US Army in Germany, Poland and the USA, while 35 more ranks are currently preparing to deploy to Germany this year.

Another training exercise will take place early this year in which paramedic students will join police and forensic science colleagues in attending a 'major incident' event.