# Michelle - Interview 1 - 15 Nov 2017

(officer, 20 years, single, no, -3)

Introduction - describes job roles and responsibilities.

## C

I don't know much about the erm medical world.01:43

## Michelle

Not many people do.

## C

No.  you are sort of separate aren't you in many ways.

## Michelle

Yes, and I think sometimes that is a bit of an issue as well.

## C

In in in what way?

## Michelle

Well when it comes to things like accessing things like resettlement or any main stream type promotion courses or even just going to things like ICSC or getting on JOCC cause you are fairly limited in spaces available to do your sort of development from a normal military perspective.

## C

So what rank did you leave as? If you don't mind me asking.

## Michelle

Squadron Leader.

## C

Squadron Leader, yep just jotting that down.  Well we can get into some of that when w chat but I have got about 10 questions or so to ask you but it is ........ 02:55

So, I will start with a nice easy one.  Why did you join the military?

## Michelle

Erm I come from a military family, my father was in the Air Force, my uncle was in the Air Force my step brother was in the Air Force.  I did look to do my initial nurse training in the Air Force erm but at that particular time they had stopped training their own people and I was advised generally do your training outside and then look to join later erm that was my original intention and then obviously life takes over you know you meet people have relationships whatever erm and so I it was about 10 years later I then looked again at joining the Air Force and kind of made the leap to do it.

## C

And it was erm what drove you at that point then to join.

## Michelle

Erm I was working in London where I did my training as a senior sister in an intensive care unit I was quite you know the job hadn't exactly got glory but it was a little samey samey there weren't that many challenges  Quite a lot of my colleagues were doing erm retrieval for either NGOs they had worked with or they did insurance retrievals so aeromedical type evacuation and I I knew that was one of the things I wanted to do but I wanted to do it in a more structured way. And having seen a couple of the adverts for the Air Force you know come and do you know nurse in the sky that kind of thing that is what appealed and I thought if I change jobs in London all I am doing is literally changing location I I and the people that I work with I am not actually challenging myself.  So that is when I made the initial application to go and do that.

## C

So, although you had that military background if you like you kind of knew what you were getting yourself into it was the challenge really and the appeal of the role itself.

## Michelle

yeh, to do something a bit different really.

## C

yeh

## Michelle

yeh.

## C

And did you manage to did you get to aeromed?

## Michelle

Oh, absolutely I spent I did the first ever C-CAST erm which was basically, I'll give you the abridged version of it, the critical care air support team I did the first training I did the first ever on call for C-CAST.  Erm I was one of the only people just before I left who had used every bit of old equipment that we had to actually move patients.  I spent 10 years on call I did numerous strategic and tactical erm er deployments in that role and also mentored a lot of to undertake that role that are currently doing it now.

## C

yeh wow.  So er I was a mover so

## Michelle

oh right

## C

I was a DAMO so erm I saw you guys quite a lot really, unfortunately.  So yeh quite a challenging environment to work in.

## Michelle

yeh

## C

yeh.

## Michelle

And I think one of the things for me is that erm for the 20 years I served whilst the initial sort of 3 years, the initial 3 years were not that kinetic after that we had lots of conflict that we have been involved in, obviously in Iraq and Afghanistan and I was very very busy but also I'm a dual qualified not only am I an intensive care nurse I am also <>>>><>< trained so I spent a lot of the last part of my career looking after erm all the injured serviceman coming back to Birmingham and there was a team of 5 of us who literally worked round the clock from 2009 - 2011.

## C

yeh, I can believe it definitely 06:21 I remember I remember you bring all the memories you know trying to get the patients and kit onto the Tri\* or a VC10 and yeh.  Yes ok, actually you must have gone through IOT at a similar time to me.  Summer 97 I started.

## Michelle

yeh no August October, yeh

## C

yes, so we were actually at Cranwell at the same time.

## Michelle

Oh, wow small world

## C

It is isn't it?  ...... So, when did you start thinking about leaving?

## Michelle

Erm I think er I had a couple of health issues mainly with my shoulder and stuff that that basically affected my erm ability to do press ups erm and stuff so that kind of <><><>< and I went to a med board and there was some possibility if you can't pass your fitness test you can't do this that potentially that three strikes and you are out kind of loomed.  Erm but I knew that my run out date kinda was like I'd already been put in for you know  full commission full commission definitely been offered, our branch being quite tight but we're at overborn with squadron leaders, there aren't that many Wing Commander slots to go to erm so it was kind of that you know do I look and do I accept the fact that I am going to leave and a bit more proactive and be positive about it or do I just I have I have I was offered an extension but there were caveats tied to it like I had to make clinical which meant that therefore I would automatically dis discount myself from promotion and I didn't to leave on a sour note or stay there for another 3 years just adding to a pension pot and erm not really enjoying the job.

## C

yeh and and why wouldn't you be enjoying the job?

## Michelle

I think I would have resented people that I would have considered potentially that didn't have the same skill sets or experience being promoted above me.

## C

yeh, I can appreciate that.  I think it happens in every branch, doesn't it?

## Michelle

yeh, oh very much so.

## C

So that that is kind of a general thing but was there anything specific one specific incident where you thought you know what it’s time to go.

## Michelle

erm, I think just a lot of I mean obviously I I'd lived and worked in Birmingham so I'd been away from I've never really been apart from when I was in Cyprus I've never really been based on a station or a unit I've always worked away in secondary health care away from big kind of military establishments.  So erm I've been involved I think a lot of it had to do with how they were restructuring things the mess at Birmingham is an all ranks mess.  You know there is one dining room there's one one bar for all ranks which I just don't think is going to work that kind of niggled me a little bit.  erm things like the cutting of your allowances, a lot of the x-factor perks that go into being in the military the fact that you do get you do work 24/7 if the military tells you to stag on you get on with it cause that's what you are paid to and also doing a lot more with less people which kind of like I think now's the time to jump ship.09:40

## C

yeh, its its really interesting just picking up on something you said there.  Effectively having only really embedded in a military camp when you were in Cyprus and yet you probably seen more operational, oh are you still there?

## Michelle

yeh still here

## C

oh, its fine the Skype thing went off for a second there.  yet you have probably seen more operational activity than a lot of people

## Michelle

yes

## C

from the aeromed from side

## Michelle

yep, most certainly I mean when I was the on call I did my original C-CAST training in 2000 and from 2000 to 2010 I was on call constantly at different states of readiness, and then if we needed if they needed you to do anything else you would literally just go well if you are free can you come and help us out as a third nurse on a  because you've got a 6 or a 12 patient <><>< or whatever is going but also working in Birmingham being the aeromed <><>< hospital we would see all the casualties coming through.

## C

MMM yeh I mean that is I have always had a great deal of respect one of my friends she is a doctor she has done some aeromed I know.11:01 .............11:16 can I ask you what is the most vivid memory of your service then and could you give me or can you give me an example that really stands out?

## Michelle

when you say vivid memory erm

## C

good or bad

## Michelle

Well no I am just trying to think cause there are .... you know there are quite a few a few sort of instances that I can think of erm.  There are there are some of the pos positive fun things that you know will always stay in my memory particularly from when I was in Cyprus, living, you know I would never of gone there to live or work with any stretch of the imagination and I spent two and a half years out there and then I went back to do various other bits and tours and deployments that enabled me to have other people having done that that job out there but you know sort of advising people you know you need to you have got to make a decision now docs, either the patient goes back on the aircraft tomorrow or you have got a two week window you can't just decide two days later that you want to send them back so using that kind of knowledge to ene enable things but probably the biggest thing for me and having looked going having thinking about what you said before I think this is a double edged sword was certainly from 2009 to 2011 at the height of Panthers Claw and that high kinetic activity when we didn't stop as a team at Birmingham both military and some of the civilian staff I mean I went in I went in at 8 I went into work at 8 o'clock in the morning not knowing when I would go home and I worked a 90 - 95 hour week.  I then went and did a staff tour with the Americans erm at Leatherneck for 4 months and that was a rest going off on command and staff course was a rest from doing that it was like doing a back to back to tour for erm nearly 2 years,<><> and someone would say oh yeh I've got to go away and deploy and it was like oh I wish I could go away cause I can't I couldn't get away from it.

## C

yeh

## Michelle

so I mean the amount of people we helped and the positive effect we had on people and the amount of guys that we saved and you now see them in things like the Invictus Games I mean erm erm and it and also on things like DIY SOS the Big Build this kind of things I see all of my patients on programmes like that and you know that kind of being exhausted and tired and generally you know when is this ever going to end but seeing the positive effects and the fact that these guys are still functioning and doing stuff you know 5 years on kind of puts it into perspective.

## C

yeh, its erm its almost an instant realisation of what you are doing isn't it?

## Michelle

yeh but it was exhausting and nobody from that time, from a nursing perspective, is still in service.

## C

Oh, that is interesting.

## Michelle

I think bar one, who has gone on basically left not long after I did and has never gone back to clinical.

## C

yeh just burnt out a bit I am not surprised.  So, what are you doing now then?

## Michelle

I had basically I actually left my unit in May even though I only left service in August erm I had the summer off rationalised my house I moved, I was living in a flat in Birmingham got all that sorted went and saw people erm generally kind of and then saw a job in a local hospice 20 minutes away from my house which was not quite full time so it is 4 days a week doing a health care governance role which is something I'd done before that was paying  reasonably well so that is what I am doing I am just in my fourth week now.

## C

oh, ok so you have sort of jumped back into the world of work fairly quickly then really.

## Michelle

I did, erm but I'm going to give it 12 months I am also going to give living in my house where I am 12 months because I have never lived here on a permanent bases this was based here geographical kind of drop in the ocean because it was an hour from Birmingham and hour and 10 from High Wycombe, 45 minutes from Brize and hour and 10 from Lyneham so all the places I needed to get to were commutable within just over an hour erm so it was more kind of that not that I knew anybody and I am trying to get to know people in the town so you know it is one of those things.

## C

yeh sort of dropped its erm a difficult decision sometimes to choose where to live.

## Michelle

yeh I mean I know quite a lot of my friends there is quite a big ex-RAF cohort in and around Cheltenham loads of people kind of live in that area, and there are sort of around High Wycombe and further out, Princes Risborough and other places but this was just a geographical drop in the ocean. erm as it were

## C

yeh erm can I is there ask you was there anything that you worried about when you were in the service that concerned you or?

## Michelle

erm in what sense?

## C

Well just made you pause for thought really. erm in terms of how the organisation operated or how people behaved or ...

## Michelle

ok, erm for me on a personal level I always thought there wasn't a great deal of parity or openness about what jobs were available certainly not in the same way the Army has a list and you know over 2 years what jobs are going to be available on that list unless you promote erm and I did actually mention this to me head of cadre on my leaving interview that needs to be explained to people at things like our initial induction course how to get hold of your manner how to actually engage with them I mean it is something that I've used my wisdom I have said to people who have joined, newly joined the Air Force I've said don't sit and wait for someone to post you, you have to engage I'm not saying be on the phone everyday but you know every 3 to 6 months if you are left in a job that doesn't suit where you are they are not going they are just going to assume if they have not heard from you that you are content and where to go and look for what potential jobs there are and it’s something I never did and I I regret that because I think I would be in a slightly different position if I'd of done that.

## C

MMM can you, I kind of understand what you are saying but just for the purposes of the tape effectively you are saying you needed to be, I don't want to put words in your mouth but would you say a bit more pushy.

## Michele

yeh but I don't think it’s erm I don't think you are given permission to do that or encouraged to do it.  Erm also the fact that sorting where those jobs are now I think it is slightly easier when we have had something like DII and I think again this is the difference between being based on a station or you know somewhere on a military establishment where DII is readily available and that is the only system you have got.  Where I have worked is erm were I used to work in Birmingham if you didn't have an H2 type role job you literally were limited to 3 DII terminals or you hot desks with someone who wasn't in at their desk  That meant everything so there's 18:54 as a head of department which I was previously I had to get in their early to make sure I kind of snagged the head of department desk to be able to write reports but also to access anything on DII, I mean when DII was first being rolled out erm I was actually in a relationship with somebody who was part, an engineer, who was part of the team and it <><<><><>< what about all the health care establishment and he went "oh no one had even thought about that" ugghh  That wasn't even in the plan so I think that kind of puts a little bit of perspective on that.  Erm so you know even when <><>< source that information <<><not even on the military intranet and not norm does actually impede your ability to do any of that so you actually have to leave your clinical work place where most people have got access to it at their desks.

## C

yeh, I can see that I am just trying to have the impact that would have had on me, we had similar situations when people were overseas in RAFLO tours and they couldn't access anything and the information isn't there you are in a black hole aren't you in many ways.

## Michelle

I mean it is typical when I was when I was doing one of those bespoke jobs remote from Birmingham I was still part of Birmingham but I was working in Chelmsford I had to go to the local recruitment office to get my DII access, that was the nearest place.  I had to make a 6 hour round trip.

## C

That is quite remarkable isn't it? And it’s its the networking the contact with people that you were missing.

## Michelle

Very much so

## C

As much as the information that comes out on the system.

## Michelle

And then you have to remind people, what do you mean that you don't have access to DII, you have to remind people and I think it’s quite telling as well we had a briefing from the Air Member for personnel who came round and did some workshops and I kind of put my hand up I said I have to make a 6 hour round journey to put in a claim and I have to make a claim for the journey that I have just done.  (laughter) and he went pardon. He just didn't get it that you just don't have access, ready access to DII on your desk or the fact that I had put in for a remote access DII lap top and you know that wasn't even acknowledged it could be a potential yet I know that full well that people at you know if you are on you know teams at Northwood and stuff going out they have got DII on their desks and the take DII home with them.

## C

yes, they do. Loads of people.

## Michelle

yes, but it wasn't deemed appropriate for someone like me in a the job I was working.

## C

That is terrible.

## Michelle

I know

## C

I am really really surprised. (interrupted by small child) 21:50 ................. 22:29

## Michelle

I mean yeh one of the reasons that erm one of the things that I did to combat that kind of isolation piece is all the way through my career I have done <><>< a two weeks holiday and I have been part of an RAF group and within that I've met movers, adminers people across the Air Force so I kind of broadened my network outside of health care.  Just to help with some of that.

## C

You did what sorry? I didn't a children's

## Michelle

No, I was part of a erm I was an acute nurse for part of a charity erm an RAF group that was part of a bigger charity, and within that I met adminers, movers other people and that kind of broadened my network in the Air Force and gave me other connections as well rather than just remaining in Health care.

## C

yeh, yes because it erm you get forgotten about as well

## Michelle

Well you are always we are never considered until we are wanted so that was the same case when you look at things like Voyager and all the rest of it, we are never considered at the planning phase, <><<><they have to go back and rescope it all.

## C

yep yep I remember it all.  All happening there was no aeromed.  I used to work with the aeromed at High Wycombe a little bit we were next to each other.  Ok so is there anything erm that particularly worries you now, now that you are on the outside so to speak?

## Michelle

Erm now that I have got my pension through and I kind of know what that is and have sorted myself out financially erm and I did do a prediction and various other bits and pieces, at the moment no.  Erm I I erm I miss the people that I worked with and I miss the banter but I am still in touch with those people. And I have been back for a couple of things already and there are plans to do stuff with other friends and bits and pieces.  Erm its not been an easy transition but erm I think it is just the people that I miss really there is nothing really burning disturbing me.  I know that I have got rid of all my kit properly, I know that I haven't held onto anything erm I I don't really know that there is anything else that does concern me.

## C

When you said erm it hasn't necessarily been easy what exactly do you mean?

## Michelle

I think it is just missing the people, it’s just the fact that it’s like when you go away on tour your life kind of stops for the 4, 6, 10 months you are away you are working you know that erm you know it is not your normal day to day job, do you know what I mean, it’s not like normal it’s not normal life because it is a tour and it’s a set amount of time and you get back you go back home and the world has, everybody at home has just carried on as normal you know it doesn't matter where you have been there or not they have just carried on as normal.  So I know that my colleagues at  work will carry on as normal without me and I I fully accept the fact that no one is indispensable from a job and I think you know I am the one who feels like they are treading water for a bit which is possibly one of the reasons why I was I needed to get a job why I needed to get back into the work place I needed to do something a bit different just to carry on and do something like that.

## C

yeh25:43

## Michelle

Plus, you have got that kind of <><>, whereas I like the idea of I do actually like the idea of not doing much I couldn't completely afford to do that which is why I have only gone for a part time job and that is what I wanted to have a bit more time for me. Erm but er you know other people just carrying on and you know the job will continue without me being there which I am quite pleased about but apparently couple of people have said you have been missed which has been nice.

## C

So, if you had a magic wand, what would you change about your military experience if you had to give one example?

## Michelle

 I think it goes back to the fact that I would have been a bit more pushy about doing slightly more different jobs and I think had I done that I think I would have erm promoted erm earlier and I would still be in a job in a different possibly in a command job somewhere.  I stayed in m comfort zone of being clinical for too long.

## C

yeh and didn't move up the promotion, why do you think you did that?

## Michelle

As I said before there was no kind of erm ...

## C

guidance

## Michelle

yes, whereas now there is a little bit more structure but it’s more than just the fact telling people this is what you need to do but and they they kind of changed the rules as well so one of the times was that you need a certain key jobs to get to certain places or when you have got 25 people trying to get 3 different jobs you know its competition high you just think ok fine and they say no you need to have a more rounded profile. And well yeh I've ticked <><>< and I have picked that box and they go there is no and the other thing is there is no staff command erm channel for medical erm and it doesn't help when you have doctors and we are very doctor heavy and they kind of sit in higher ranks across the board, they and I actually had actually had a doctor turn around to me and say "you would never get a Wing Commander nurse doing this job" and I said well why not I would quite happily stood be clinical as a Wing Commander.

## C

yeh that is just that is just sort of that difference between nurses and doctors do you think?

## Michelle

yeh

## C

So how would you describe military life to someone who has never experienced it?

## Michelle

laughs - that is very difficult.  Erm again for me I would have to say to somebody in the nursing profession because I couldn't say what it is like to be on a station aside from my one experience in Cyprus which was quite a long time ago and again Cyprus is quite unique in the fact that they only work and its different now but when I was there erm everyone did a long day on a Monday and then they all finished at 1 o'clock on Tuesday through to Friday and then quite a few people were bemused "what do you mean you are going to work this afternoon?" yeh unfortunately people just don't stop being sick at 1 o'clock its they still need looking after at night times and weekends and things.  But I would say to somebody I mean I I certainly in my one of my erm nieces well no my cousins eldest she has just joined the Fleet Air Arm, she did look to join the Air Force and I kind of did try to explain it but again she comes from a military family my uncle erm her grandfather was in the Air Force I kind of try to explain to people it’s not a case of your life is not your own, but there are different considerations you have to put ahead of what happens with the choices you make and a lot of it depends upon what branch you are in as to what those choices tend to be erm but for me I would 29:31 I would tell them for a career it’s a very positive thing erm it’s a very challenging thing, if you want to literally come into work and come home and erm just do your own thing then the military life is not for you.  But if you want to challenge yourself and you want to experience something different and you want to meet a great bunch of people then you know give it a go.

## C

ok brilliant and and so how would you describe your life now? (laughter) How different is it from being in the military?

## Michelle

Erm ...... I think it is probably a bit too soon other than the fact that erm I am living in my own house and have done for more than 2 weeks at a time which is a novelty which I never did before erm you know I still get up early I still I'm into work early, work through you know get all the things done that I need to get done so the biggest thing is I'm out well I didn't do it that often I actually quite refused to bring work home with me to get things done I don't think for me that that's a different <><><>< the tick in my head is that  you know erm I am not going to bring work home to get things done and I am not going to stay late unless unless I really need to do so which was not the pace in my job but then when I was working in Birmingham cause I was working late and at the time erm I wasn't involved with anybody so I'd go to work at 7 and if I still needed to be there at half 7 at night to get things done I would be but then on a Friday afternoon I'd be out of the door at 2 o'clock because I knew I'd put my hours in well there is not that necessity so I think that kind of mind set has slightly changed my work ethic certainly hasn't changed.  Erm the only difference being is obviously now that I erm I don't have that military gang of people around who you could always got someone you could ring up and say "Do you fancy going out or whatever?" erm I don't have that around me as such  erm most of my close friends  aren't close to me geographically any more they kind of spread out so it is making more of an effort to keep in touch with them but I am trying to make new friends locally.

## C

So, what are you doing to try and do that locally then?

## Michelle

(laughs) don't laugh.

## C

No, I'm not.

## Michelle

I've just joined the WI, well not joined I've gone to 2 WI meetings and they are people there younger than me to do stuff.  I've joined the local rock choir, erm I've looked rambling and various other things.  Erm and there is lots of stuff going on here throughout the summer so there is lots of carnivals and festivals and stuff just generally and then I have invited a couple of my other friends to come with me to go to certain events and just stuff like that so.  Just trying to mix in with the local community really and attending things like Remembrance Parades and all that kind of stuff locally here whereas before it was obviously celebrate or present at your unit.

## C

So how did that, because I erm I remember standing, for me it was standing at the school gates and realising that I knew absolutely knew nobody and realising that I have got to I have really got to push myself out there otherwise it’s going to be a very lonely couple of years.  So how did that feel for you then joining these groups was it an easy thing for you to do or ...

## Michelle

Not necessarily but I think for me as well erm having moved jobs in different hospitals being posted somewhere you always get the well where did you come from, what experience have you had, what qualifies you to wear that uniform? and all those kind of things I got quite used to saying yes I am a qualified intensive care nurse, yes I have got 17 years’ experience, yes I do know about burns and plastics you know you kind of tell them stuff then actually demonstrate your care so I think I am quite used to that introduction thing and then obviously moving around in the At Force when my father was in the Air Force moving around changing schools it’s something I've got used to, introducing myself and making new contacts but it is always taking that deep breath and going ok fine, give this a go, I mean I did I joined a local ballet class did one kind of taster and thought you know what that really isn't for me. And I rang e-mailed them up and said look it was quite nice thank you very much for <><><>< but it is not for me.  Erm but it was after that thing it was one of those two people go and do ballet it’s good for your posture and good for <><>< ok give it a go yeh no not for me definitely not.  34:03

## C

No erm just going back to when you made the decision to leave then, could you just describe to me how you felt when you made that decision?

## Michelle

Well e it wasn't so much a it was the end of my commission.

## C

Right

## Michelle

So, I had the option to extend and I chose not to. Erm and I didn't know exactly know what those conditions were cause I said no thank you. Erm it I think it was a mixed emotion I think.  One was initially erm when I thought potentially I might have <><>< potentially <><><> you know you haven't passed your fitness test you need to do this because of whatever, erm that was a bit of a concern and because your leaving on different terms would have made monetarily differently whereas actually leaving at the end of commission was slightly more positive and I think it probably 18 months out it kind of I had that click in my head yeh this is I am going to be positive I have got to look at different opportunities different challenges erm and make it my own and I kind of have kept going with that. I've and I think with other things that I have seen happening erm er its I think I am very glad that I've left on a high I think I have really had a very positive career all the time I have been and I keep reflecting on that and I look at ok so I could have gone to South Sudan, oh my God, no thanks. I managed to st steer clear of Sierra Leon which I am quite glad about with the Ebola but erm I've done some I've had a very impact elsewhere and I wanted to still erm leave while that was still a positive influence and not you know why have I stayed, why am I doing a dead end job that I don't really like and I could potentially be doing something different with my career, whereas now I've gone into a bran new role with in in the hospice I am kind of making it my own I am shaping it the way I would like to and I know I have got lots of skills and lots of erm useful tools that I can bring with me.

## C

ok so when you erm on that sort of 18 months leaving did you get a lot of support were you able to do the things you wanted to do?

## Michelle

No, is the short answer but that wasn't really the I think there's a combination of things more than anything else I had heard a lot of people talk about resettlement and how they had managed it some people literally from about 2 years before their 2-year resettlement time had planned it and knew exactly what they wanted to do they had almost got a job plan in their head and got a job offer sorted. And other people literally just accrued time stuck it on the end of their terminal leave then left and did stuff my intention had been to utilise the 2 years as much as possible erm unfortunately my 2 years happened then literally my dad was in hospital for most of last year acutely unwell er really not coping very well so it was like having three lots of compassionate leave down in Devon with him so much of last year was taken up with that.  I was fortunate to be able to go to my erm the 3-day career transition work shop the financial brief and a couple of other briefs and

made contact with the CTP people from there but I never got to utilise the the full extent that I had access to or any of the additional training courses that I would have liked to have gone on although I did get the charity management awareness course literally 10 days before my exit date and that was due to a cancellation but that  and I know that that course enabled or gave me greater skill sets to do the job I am doing now or at least get my foot in the door.

## C

yeh, that is again that is interesting because a lot of people think seem to have this these problems actually accessing the resources that are available and for whatever reasons sometimes it’s actually work restricting with yourself and myself as well it was actually personal circumstances that were tripping us tripping me up.

## Michelle

yep

## C

Erm but you think you think 18 months 2 years is plenty of time and it is not is it sometimes.

## Michelle

No and I think one of the things I did comment on when they rang when I was given an opportunity to give feedback I said you almost need 2 years before your resettlement starts to prepare you for it you need to start things now and looking to book so that time that we know opens you are not having your brief kind of what you are entitled to you have had that before that time so when that clock starts ticking at the 2 year point that is when you actually start booking stuff not learning how to book stuff for me again not being on a station I couldn't walk round to the resettlement officer they had to make an appointment to come and visit me that was convenient or me get time off to go over and see somebody else erm so it is not like quite like having it on your door step. So, it’s a lot harder and then also working at tri-service unit that was Army led they tried to push me down the Army route and go to Bram<><>, and I was like no I want to go Air Force I am light blue. you know erm and there was <><>< resistance to that.  Erm so it was not easy trying to get that done and also during my time when I when I was able to access courses they CTP people completely restructured how they organised courses what was available so literally from the, I think the Tuesday that I on the first day that I looked at what was available by the time I left on the Thursday all the courses that I'd kind of ohh that's interesting oh yeh I wouldn't mind doing that look look look reserve put on my list had all changed and gone.

## C

mmm yeh not not erm helpful

## Michelle

Not particularly user friendly, not very helpful.

## C

No no I can see that.  So what40:11 you know hindsight is great except but what did you think was going to be the biggest change and what do you think has been the biggest change for you personally?

## Michelle

I always said it would be missing he people, I didn't think I would particularly miss the work cause I knew I could do that, I mean it was the same, I did this almost the same jobs but I just wore a different uniform.  And also, erm having spoken to friends that I did my initial training with that I was still in touch with they all kind of said it kind of fitted with the way that you were and whether that is because I came come from a military family I don't know.  Erm so it’s it’s the people that I miss and I think part of that is also some of the familiarity with the processes erm I had a good corporate knowledge of where I worked whereas now I don't have the knowledge of the organisation and I'm kind of on the back foot but I am using the corporate knowledge that I had to inform what I am learning where I am.

## C

So how does that, how does that make you feel when you are you know used to being in an environment you really understood?

## Michelle

Erm not too bad cause too bad again it’s not because originally, I was going to take a step completely out of health care.  But I think that was just a step too far but I knew I didn't want to go back to the mainstream NHS, because that's just, it’s just ridiculous. Er I had always I'd had the privilege of working in it but not for it which was which I think that's one of the reasons why I was looking out to somewhere like hospice and charity work, for something different where I could still use the skills and knowledge I had but in a different way.  And that is what I am doing and I am quite glad about it but I am just thinking there are some commonalities of structure erm that I am familiar with and it’s kind of trying to direct people and make suggestions that would help develop what they are trying to do.

## C

And you think that your experience and knowledge is really working for you in this new environment?

## Michelle

yes, yes. I think it is at the moment, only time will tell.

## C

But it’s a nice place to work? You’re enjoying it, your I know it’s only 4 weeks in so it’s it’s?

## Michelle

yes yes, no it is a nice place to work erm I think erm they are quite a few people who have got quite high expectations of what the role actually involves erm and I am hoping that erm I can fulfil those erm but  another bit is trying to get other people on board and it’s the same thing with a lot of organisations that people have worked there for a very long time and the only place I can really compare it to is Headley Court.  Erm and it is very similar and that is the fact that you are looking at everything from the infrastructure of the buildings to the processes and how patients are managed to erm lots of other stuff like I never knew so much about swimming pools in my life until I went there.  You know water contamination you know pumps and processing and all the rest of it and it’s a similar kind of thing and I think Headley, that experience at Headley Court reassured me that this is not a totally alien environment this is not totally unusual  process erm you sometimes have to guide people or go and find the facts out and say you know we need to kind of do this to bring us line with other bits and pieces erm for that experience but it is also the fact that you will have people who have been there for a very long time who have a lot of corporate knowledge about a certain small niche area and as I keep saying but I've just started, I don't know the cor I can't get in your head it’s not written down, it doesn't tell anybody or inform something you know no disrespect if <><><><>< got knocked down by a bus tomorrow how are we going to know how that process works if it is not written down.

## C

yeh

## Michelle

so, it is just trying to get that kind of erm I'm not here to bash you over the head with a big stick am trying to enable you to demonstrate to the wider world and everything else that what you’re actually doing is a very good job erm you just need to write it down so people can read it.

## C

yeh, I get it ok.  I think erm I think we are pretty much done actually believe it or not.

## Michelle

Ok

## C

It seems to have gone really quickly.

## Michelle

Despite all the hassles with technology.44:36

## C

yes, it makes things interesting technology.  Erm is there anything you would like to add about the whole transition that we have not discussed?

## Michelle

Erm, e e e it’s not the, I don't know I don't think so I think I have said most of the things that I think erm frustrated me with the process, I do think one of the biggest things and it has always been the same with health care particularly secondary health care is if you if you want if you are working within within a med centre you ate automatically on a station and you you are attached and you are part of that process erm but when you are remote from that and you are working away from a main unit I don't think medical is understood by the, not just by the Air Force, but by the broader military.  Erm overall its its one of those things they don't want to think about it but they don't wanted it but when they do want it or need it they wanted it wanted it there and ready and all professional but they don't want to consider it. Erm and we always are kind of an afterthought erm in the whole process but I think that again is reflected when you go to things like when I work when I did do <><><>< at command staff course I was the only nurse, there were 3 doctors and a an MSO I was the only nurse out of the 110 and I think out of a 110 people on the course less than 25 of us were women.  So, you know you are very much in isolation erm and so you you see why we v we very rarely have nurses on the Advanced Command and Staff Course.  We have had them but you know the doctors have got their noses put out of joint and have kind of taken that slot back over again.

## C

Really

## Michelle

But that is just general stuff but erm for the transition piece I think it is just I anticipated I was going to miss the people and I do miss the people but I am enjoying the freedom I have got to do other stuff.  I also think part of that is because I know I had a very good positive impact during my career.

## C

Just one other thing would you say your experience then of not being on stations was typical or were you atypical?

## Michelle

I think if you speak to the majority of people in health care erm you look at it unless you actually get posted to TMW which was obviously at Lyneham and then Brize and even then they don't actually work on site at Brize they work off site erm there is very much a demarcation so yeh I think it is typical for a majority of people not to actually be part of  a station or a unit.

## C

Did you ... I don't want e did you really still feel part of the Air Force though even though you weren't physically located on a base, did you feel different from the NHS nurses?

## Michelle

Oh yes, for a start off you wore military uniform erm you er when you are actually giving care to patients actually if you if you are a clinical shift then no there should be no difference apart from the fact we are wearing different uniform and potentially you had to explain to patients why you wore  different uniform when it actually comes down to it no there was no difference between people at all, the difference being is so like when we had when we were highly kinetic in Afghan my role was vastly different I was erm basically liaising with aeromed with the labs, calling surgeons, arranging theatre times trying to get the whole transition moved and that was 24/7 24/7 operation 365 days a year and literally went home when we had when we had the chance to go home and when the last patient was seen, you wouldn't get an NHS nurse doing that.

## C

No so you would co-ordinate the the movement passenger from theatre all the way back to Birmingham?

## Michelle

No so basically aeromed would manage that piece and all the TMW stuff but we would get the signal up and we would be sat we'd be sat in the hospital erm whilst we got the signal or whoever's had the on call phone so let’s say we've got 4 people coming in, bearing in mind we might have had 4 the day before and 6 the day before that and however many we still had to get co-ordinated to get when I say theatre not theatre of op operations it was actually an operating theatre where they had surgery done so you would  co-ordinate and liaise well these guys ><><<>< more than 8 pints of blood so they would have to have different antibodies so you would let the lab know that we have got people coming over, intensive care review made aware, <><>< aware you would make sure they had bloods done almost as soon as they were admitted, maybe sort out transfusions, you would make sure that look at their injuries and go ok I need an <>><><, a need a neurologist, I need an optomologist I might need a chest surgeon I might need an abdo surgeon you would contact all of those people to tell them we have got people coming in what time they were due to arrive what time they were due to go to theatre you would make sure they had all the kit make sure all the consumables were sorted you would than go and organise the fact that erm one of our staff you might send somebody home right you might need to stag on cause the flight is not coming in til 5 0'clock and they might not operate through the night so you <><><><><< get somebody to come back in again erm and then you would coordinate the rest of the activity as well as all the people you had currently in and trouble shoot any other dressings that needed to be done.

## C

yeh, wow.

## Michelle

and we did that, literally I did that for 2 years.

## C

yeh it must have been exhausting.

## Michelle

It was, as I said when I went to command command and staff course it was .. what do you mean this is a rest?  I I can't get stressed about writing about giving a presentation when I have been doing the job I've been doing.

## C

yeh yeh exactly.  You must be very proud though, you should be very proud.

## Michelle

There are days when I am, particularly when I see things like the Invictus games and kind of things like that and I think yes, erm knowing what there are a large proportion of those particularly the triples and some of the double amputees who wouldn't normally necessarily have made it.

## C

yeh

## Michelle

yeh.

## C

It’s awesome, awesome I must say by the end of it erm it was so swept up, you know it did seem to run really effectively, you know from an outsider’s point of view.  It all seemed

## Michelle

The other bit of work that I did was to use the pumps that we put on for people you know

the when their limbs, initially they would always have bandages on and it would always leak through and be a bit smell and horrible so in 2011 we started using the <><><><> pressure pumps so they would have drains with bits coming off attached to a pump at the end so  a lot of the work I did was to get that through TRA through aeromedical testing to make sure the pumps would still function and they wouldn't interrupt the aircraft so I did  a lot of that work but <><><>   then I went and trained people on the squadron.

## C

What were they called again sorry?

## Michelle

popical negative pressure pumps, p-o-p-i-c-a-l

## C

when I come to transcribe this, I might be eh I might be calling you back.  (laughter)

## Michelle

so yeh that is the treatments we have been using at the hospital and then one day there was a push to take it further forward into ops and I said well yeh that is fine but you know you are going to have to stop it on an aircraft the only thing we couldn't use it on was helicopters.

## C

Well this is it, being air movements people just tend to assume that if a bit of kit works on the ground it is going to work in the air

Michelle

(big sigh)

## C

laughter

## Michelle

seriously do not even go there.  I mean that has always been the issue because we would get all the TA come out medical TA come out and go can we just stick that on the back of an aircraft and I'd go well don't expect me to get on if you are going on with that.  What do you mean, well you don't know what it is going to interfere with, and they looked at me and went what are you talking about?  I said why can't you use your mobile phones during take-off and landing on an aircraft oh alright ok so it’s the same principle so get that piece of kit away.

## C

and the length of time it takes to get cleared.

## Michelle

yeh this didn't take that long, I think 9 months, 9 months

## C

yeh that is not bad (laughing)

## Michelle

I thought was pretty quick compared to some things.

## C

yeh I am going to I think I am going to call it a day there. 53:3053:59

the uniform you wore and the hours you worked and things like that, they kind of

separated you from the NHS nurses, I'm just a bit curious because it’s an identity subject I am studying, what else made you really feel part of the Air Force?  What was it about the working environment you had along your cohort ..

## Michelle

Erm we all made a push to erm so things like erm we would celebrate PNs thanksgiving day, we would make a bit remembrance is very much celebrated in the hospital its its putting your uniform on, putting on a show.  Erm we have er OC N's forum which was a gathering of all tri-service nurses but we were trying to explain to people the differences between what the different branches do, why they are different, but also trying to encourage people to one of the PN days erm, the thanks giving days I organised I looked at the history of the PNs, cause the PNs whilst separate from the main Air Force we are as old as and established at the same time so looking at a transition from the first aeromed taking place in 1923 from Baghdad, erm to Fluffy Bowers being on the Normandy Beaches erm the day after the D-Day the development of the aeromedical evacuation service from where we are C-CAST and other stuff and trying to sort o often to look at different hospital where we went from and all those type of things trying to get the young and I have always had an interest in military medical history anyway but trying to get the young people some identity of where they have come from so they can feel part of a bigger thing and then also encouraging people to go to our annual symposium where they can meet up with the whole people from their branch, exchange ideas on what other people are doing. Erm trying to encourage people also to try and have single service team days as well to do that same kind of thing.  Erm it’s difficult to maintain a military ethos and identity and a lot of it is determined by the willingness of your erm hierarchy to allow people to do it or encourage people to do it and we also had in the main corridor we have kind of have different boards which represent the 3 different services and the civil service was included within that as well.  So, it was trying to say to people we are all different for a reason but we are all here to serve the same kind of purpose.

## C

yeh.

## Michelle

I think it was slightly easier at Birmingham because we had the aeromed cell.  Erm so there was a kind of end point to what the guys were doing.

## C

yeh it is fascinating stuff.  I suppose I am very lucky in many ways to never have to go to Birmingham.  Erm would you mind very much in about 8 - 10 months I contacted you again?

## Michelle

Absolutely.    That would be fine.

## C

Thank you very much.

57:22