

So you want to be ... a critical care physician

There is no speciality quite like it, working as part of a small, highly-skilled, multidisciplinary team, you actively take on the sickest patients within the hospital. Your role is not only to support the patient's acutely failed organs while attempting to diagnose and treat the underlying cause, but also to deal with a multitude of ethical, moral and organizational challenges. No one discipline takes on such a diverse range of patients and pathologies as critical care; a good understanding of physiology in health and disease is vital, but a working knowledge of other disciplines, particularly medicine, anaesthesia and surgery, are equally important. Indeed, it is one of the few remaining bastions of holistic hospital medicine.

The staff:patient ratio is far greater than in other disciplines, allowing more time to get to know, investigate and manage your patient. The array of available monitoring allows you to assess the impact of your management in real time, and to promptly detect any change in the patient's underlying condition. Priority access to investigations speeds up your management plans while rapid advances in technology places critical care at the cutting edge of what modern medicine can achieve. Patients often need to be identified and managed in a time-critical manner – keeping cool under pressure is essential. The interventions may be highly invasive; you will become adept at performing vascular cannulations of all types, tracheal intubations, tracheostomies and drain insertions, among many other procedures, while learning at least rudimentary skills in ultrasound and echocardiography.

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The environment is often emotionally charged, and sympathetic discussions with the patient and his/her family can go a long way towards alleviating the anxieties surrounding critical illness. Perhaps the greatest challenges are ethical – critical care can prolong life, although often at considerable cost to the patient's comfort and emotional wellbeing.

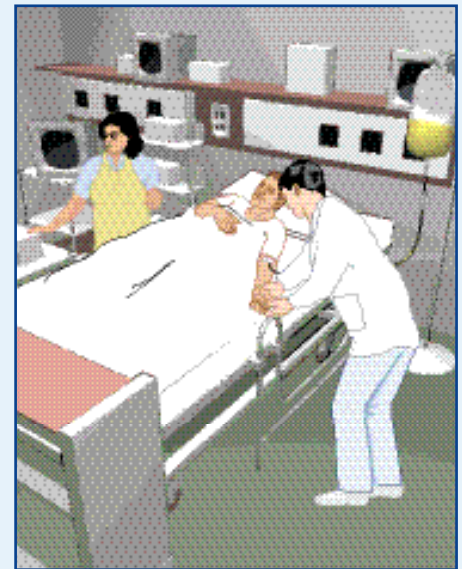
Critical care is also an expensive and finite facility, so it is vital to attempt to accurately identify those who will benefit from critical care, and where treatment limits should be set. This should be done in discussion, ideally, with the patient, but often with relatives and colleagues. You will often find yourself in a situation where the way forward is far from obvious, but you will always be supported by senior colleagues, be they registrars or consultants, who will actively want to help and support you, whatever the time of day.

Critical care physicians were classically based in dedicated units. However, in recent years there has been a move to take critical care to the rest of the hospital in the form of outreach teams, with the aim to identify and treat patients before they become seriously ill. A large part of your role will be spent offering support and help to other teams on the ward.

The high level of monitoring and the move towards computerized data collection makes critical care an excellent place to undertake research and audit. Although the critical care research community is small compared to that of other specialities, it is vibrant and active at both the basic science and the clinical level.

Training

Critical care has classically been the preserve of the anaesthetist, but now it is a speciality in its own right. To train in intensive care medicine you first need to be in a training scheme of an appropriate acute speciality: anaesthesia, medicine, surgery or emergency medicine. Training is supervised by the Intercollegiate Board



for Training in Intensive Care Medicine which runs two training programmes:

1. Intermediate training, aimed at those interested in critical care without necessarily becoming a specialist
2. Advanced training, aimed at those wishing to become a specialist in critical care and ultimately gaining a Certificate of Completion of Training in intensive care medicine.

Higher postgraduate qualifications can be gained by taking the European or UK diploma, or undertaking an MSc.

Conclusions

Recent years have seen a marked expansion in the provision of critical care facilities and, as such, consultant job prospects look relatively secure. So, if you want to work in a small team, dealing with a select group of very sick patients at the highest level that modern medicine can offer, then critical care may well be for you. **BJHM**

Conflict of interest: none.

Useful websites

European Society of Intensive Care Medicine: www.esicm.org
Intensive Care Society: www.ics.ac.uk
Intercollegiate Board for Training in Intensive Care Medicine: www.ibticm.org

KEY POINTS

- Working in critical care you experience a highly varied case mix.
- You work within a small and supportive team.
- You use cutting edge technology.