

My time at UCLH's SSC in Anaesthesia Perioperative Medicine and Critical Care

In late 2022, I spent four weeks in and around UCLH critical care as part of a student selected component (SSC). I arranged this through my personal tutor who works there and piggy-backed the pre-existing SSC in anaesthetics for teaching and rota purposes. The range of activities I experienced included: working with the team on T3 north ICU for 5 days including one day out of hours; T6 PACU for one day, PERRT team for one day; pain team for one day; ICU at NHNN (Queen's Square) for 2 days and ICU at GWB for one day. Within this I gained a wealth of exposure to a wide range of patients and teams and I now have a better understanding as to how ICU functions.

I was able to get involved in the day-to-day activities, despite it being a very senior-led speciality. By the end of the block I was reviewing my own patients during the ward round: assessing them before the round, writing up the ward round entry and presenting them to the consultant and the rest of the team and drafting a plan for them. ICU notes are structured differently from that of a normal ward round, which I became accustomed to. I began to pre-empt some of the questions that the consultants would ask about their patients and flagged my own questions for salient teaching points. I witnessed some interesting procedures, including lumbar puncture and central line insertion, during which I administered the local anaesthetic. I was taught how to perform ultrasound guided venepuncture and lung ultrasound. I was also taught about the array of bedside monitoring and interventions on ICU, including ventilators, filters and oesophageal dopplers. I also learnt a lot about access and saw the use of lots of different lines, including central, PICC, arterial etc. It was also useful to see which kinds of patients came up to ICU. In comparison to my previous ICU experience during Covid wave 2, the patients were much less unwell. There were some patients who I wouldn't have realised were unwell enough to need ICU care. Now I know for my future A&E placements when an escalation to ICU might be necessary.

I found the environment to be incredibly supportive. Everyone I worked with was very willing to share their wisdom with me on a range of topics. Since I am interested in pursuing a career in ICM, I spoke with lots of people about their postgraduate training experiences which was really helpful. I also received lots of topic-specific ad-hoc teaching. One particularly lovely moment which stands out to me was a conversation I had with a registrar who was on T3 north during my (very busy) out of hours shift. My patient's Urine Drugs Screen came back positive for opioids and cocaine. He encouraged me to ask her more details about her social history, and before I left to do so, I murmured that I would psych myself up on my way over to see her. He stopped me and asked me why I was nervous, the reason for which I hadn't even considered myself. It wasn't the topic of conversation that was worrying me, rather that she had confided in me earlier that she had been slightly interrogated in A&E and she was going through a tough time at the moment so it brought up a lot of difficult things for her. I realised that I felt as though I didn't want to lose my rapport with her by asking her further probing questions. The reg gave me suggestions as to how I could gently broach the topic with her, which I found

really useful. Although she further denied her drug use, I didn't lose my rapport with her. If he hadn't picked up on my anxiety to speak with her, the conversation probably wouldn't have been so smooth. It was a nice example of someone pushing me out of my comfort zone but with enough support to feel like it was an important moment of personal growth.

Being combined with the anaesthetics SSC for teaching works really well. The quality of the tutorials was of a really high level, and they were almost every day. I believe an SSC in critical care should be widely available to final year students as it is a great form of revision of general medicine, whilst also providing useful knowledge specific to critical care for those considering pursuing it in the future. It's one of the few specialties that doesn't have a dedicated block during our clinical curriculum, and I think that those of us who worked during Covid have a different perception of ICM that doesn't perfectly align with what it actually involves. I really feel as though I've gained a good grasp of the core topics surrounding anaesthetics and ICM, and I think this placement has been a turning point for me in my clinical acumen: both in my confidence and ability in assessing unwell patients and in my knowledge base as a whole.