

Why I decided to #TakeAIM

N Smallwood

Having realised early in my medical school training I was a medic not a surgeon, I had long assumed I would end up being a cardiologist or gastroenterologist. I enjoyed looking after acutely unwell patients, liked intervention and procedures and enjoyed being part of a hard-working team. The thing that always worried me was that I would become so specialised in my chosen field, that I would end up forgetting how to manage the vast range of medical conditions present among hospital inpatients.

Acute Internal Medicine (AIM) became the natural choice. It is the only specialty that will train me to be competent in managing the whole spectrum of acute medical illnesses, and continue that exposure and competency throughout my whole career. I get to perform procedures and learn new practical skills (I am training in ultrasound and focussed echocardiography), develop services and pathways that genuinely improve the patient experience (avoiding admissions and reducing length of stay, for example), and work in a dynamic and driven team. There is also scope for working in rapid access or general medical clinics for those who enjoy the outpatient experience. Finally, we get to talk patients and relatives through what is often one of the most stressful and vulnerable times of their lives which, if done well, will make a massive difference to their whole hospital experience.

What is AIM to me?

The management of acutely unwell medical patients presenting with the whole variety of acute illnesses. In time, with the changing face of hospitals, it may even include being involved in the care of acutely unwell surgical patients. It involves rapid diagnosis and treatment, and referral on for specialist care where necessary. We have to develop close links with a host of other specialities, including Critical Care and community services, and pioneer new ways of working. These include ambulatory care pathways, rapid access medical clinics, treatment-at-home services and elderly frailty units. Because of the importance of acute services – the right person in the right place, first time – there is also ample opportunity for audit of services and quality improvement projects for those interested.

AIM involves training not only in Acute Medical Units but also in some of the major medical specialities (cardiology, respiratory, elderly and critical care are mandated), whilst I have also had the opportunity to work at registrar level in gastroenterology and rheumatology which have given me valuable knowledge and experience. Time out of program is possible and often encouraged to develop one's expertise or specialist skills.

What AIM is not...

There is a perception that AIM training must be like being the medical registrar on call 5 (or 7) days a week. Nothing could be further from the truth. Most AMU training time will be on the standard General Internal Medicine (GIM) on call rota, meaning you will be on call as much as any of your registrar colleagues. The 'day job' involves working among all of the services I have already mentioned, as well as importantly continuing the care of those recently admitted who remain inpatients on the AMU (providing continuity of care and the opportunity to follow up investigations and reach diagnoses).

Any regrets?

Absolutely none! One of the benefits of training in Acute Internal Medicine with GIM is the experience you get across a number of medical specialties so you develop a breadth of knowledge that I think is unrivalled among the inpatient specialities. I may not understand the minutiae of the PR3 titre when I send an ANCA screen, but importantly I know someone that does and I know when to refer on to them!

What do I see for my future?

Working in a forward thinking hospital, in close collaboration with the Emergency Department team and an Acute Medicine Consultant body providing 7 day cover for the majority of the 24 hour period. I would also like to work closely with the Critical Care Department, perhaps offering input into a medical HDU offering level 1 or 2 care.

When I'm not on the 'shop floor', I will spend time in rapid access medical clinics providing rapid diagnostic services to those patients not requiring inpatient beds, but in need of early treatment. I see radiology (and ultrasound in particular) having an important role in my inpatient work, alongside ample teaching opportunities and a certain amount of management work to ensure services run well for those needing them. I see the Acute Physicians offering a procedures service for the hospital whereby ascitic drains, chest drains/aspirations, lumbar punctures etc can be offered rapidly and safely in an ambulatory fashion – offering a perfect training environment for junior medical staff.

Perhaps most importantly, I can't see any two days being the same, as I'll be working in an area of medicine that will continue to evolve new treatments, investigations and services. This will ensure that whatever age the government will end up having me working until, I won't get bored or regretful of my career choice!

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