

## Working life (ICM)

This page provides useful information about the roles and responsibilities of intensivists, where they work, who they work with and what they feel about their role.

“I became a consultant in [intensive care](#) <sup>[1]</sup> medicine because I found the mix of team working, applied [physiology](#) <sup>[2]</sup>, application of advanced technology and practical procedural skills to be irresistible. Seventeen years later I have not been disappointed and I continue to find many areas just as challenging as when I started.” - **ICM consultant**

### How your time is spent

Intensivists give one-to-one round the clock treatment and organ support to critically ill patients from all specialties, including post-operative treatment and support to patients having complex or high risk surgery. They commonly treat the effects of potentially lethal poisons, pneumonia, severe asthma, liver and renal failure, heart failure and trauma including head injuries. Specialists typically have responsibility for between 8 and 25 patients at a time. A patient's stay in [intensive care](#) <sup>[1]</sup> may be as short as a few hours (for example patients requiring post-operative monitoring). Other patients are on an ICU for many months (for example a patient recovering from severe trauma).

A day on ICU is busy, challenging and rewarding. Typically it starts with a thorough handover of information about the patients from the 'out-going' team. The rest of the day will be filled with the review and development of individual treatment plans, and multidisciplinary ward rounds of all patients. Trainee staff carry out appropriate tasks, procedures and patient reviews; senior staff undertake a combination of teaching, supervision and help guide more complex practical procedural tasks. A large part of ICM involves effective communication with colleagues, patients, other specialists and relatives.

Patients with complex conditions are seen as often as required – often several times in a 24-hour period. Further ward rounds take place later in the day - in the afternoon or evening at handover, with a review of treatment plans for the evening and night ahead.

### Working hours

Consultants work full-time or part-time with another specialty interest such as anaesthesia or medicine. They typically are [on call](#) [3] for between one in eight and one in twelve shifts with trainee staff increasingly working day, late and night shifts.

Staff can be based in [intensive care](#) [1] units, specialty units (for [neonatal](#) [4], paediatric, cardiothoracic and neurological patients), high dependency units. Consultants may also be involved in running ICM follow up clinics for patients discharged from hospital who are recovering from their stay on critical care.

The role of ICM doctors is changing under the impact of other changes in the system, such as the centralisation of specialist surgery, trauma, and emergency care.

## Who you will work with?

Doctors in [intensive care](#) [1] medicine work alongside:

- critical care nurses [5]
- advanced critical care practitioners
- physiotherapists [6]
- support technicians
- ward clerks
- medical secretaries and administrative staff [7]

They also work closely with:

- pharmacy [8] staff
- microbiology [9] staff
- chaplaincy staff
- staff from other clinical disciplines including surgery [10], general medicine [11] and emergency medicine [12]
- specialist nurses in organ donation

## Attractions and challenges of the role

Most intensivists enjoy working as part of a multidisciplinary team and working across the entire spectrum of medical and surgical pathology when diagnosing critically ill patients. Other rewarding aspects include:

- seeing critically ill patients improve enabling them to discharge
- integrating technology with clinical skills
- using new technology and developing new techniques and ways of working

The management of treatment withdrawal and supporting grieving relatives is challenging. Leading a multidisciplinary team can also present challenges.

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