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Real-life story - Dr Shuaib Quraishi

Dr Shuaib Quraishi is a specialty trainee, ST6 in acute internal medicine and has been working in the Kent, Surrey and Sussex area. He is currently taking time out of his training to work as an education fellow for the Royal College of Physicians.

Dr Shuaib Quraishi

Specialty trainee, ST6 in acute internal medicine

Employer or university

Royal College of Physicians



I like the variety and breadth of the work.

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**How I got into
the role**

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My interest in medicine started during the lower sixth. My mother had suffered a serious illness which introduced me to doctors and hospitals. I really liked the interactions between patients and medical staff and because I also enjoyed science subjects, I began to explore medicine as a career.

Undertaking two work experience placements in medicine helped cement my career plans. I spent one week at Croydon University Hospital which enabled me to find out about different medical specialties and was incredibly useful. I also arranged to spend a week at my own GP practice, and was able to observe the difference between primary care [1] and secondary care [2].

Having greatly enjoyed both placements I applied for medicine and was accepted by Barts and the London School of Medicine and Dentistry.

My medical degree lasted six years rather than the traditional five as I completed an intercalated degree in biomedical sciences (which included clinical pharmacology).

I really enjoyed the clinical aspects of my medical school training and especially liked emergency care, where I often saw very unwell patients improving after expert medical management. I also enjoyed seeing all the hospital staff working well together, not only doctors but porters, healthcare assistants and nurses.

At the end of medical school I was fairly certain I wanted to train in one of the four acute branches of medicine – emergency, acute internal, intensive care [3] or anaesthetics, but I wasn't sure which one.

After medical school I completed the two year foundation training [4] programme for junior doctors. I opted for the academic programme, as I was interested in teaching and I was able to start a Certificate in Learning and Teaching (CILT) during this time. I also gained a wide range of experience via different four-month rotations which included endocrinology, diabetes and general medicine, general surgery and geriatric medicine in the first year (F1). In the second year (F2) I completed rotations in academic oncology [5] and acute medicine.

I initially decided to do core training in anaesthetics after foundation training [4], but in the end I only completed one year of this and changed to core medical training [6]. The training in anaesthetics was really useful but I missed being part of the whole journey for the patient, and by this I mean history taking and conducting physical examinations.

My core medical training [6] included rotations in endocrinology, cardiology, medical/clinical oncology [5], geriatric medicine, intensive care [3] medicine, and renal medicine. I really enjoyed the breadth of training, as we dealt with so many different conditions and organ systems of the body.

After core medicine I worked as a clinical teaching fellow in general medicine at St George's Healthcare NHS Trust. This included teaching clinical skills to medical undergraduates and helping to design their final exams and looking at assessment methods such as Objective Structured Clinical Examinations (OSCEs).

I then successfully applied for a specialty training programme in acute internal medicine.

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What I do

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I'm currently taking time out of my training programme to undertake an educational fellowship with the Education Department at the Royal College of Physicians. I'm helping to develop a new curriculum for general internal medicine and I'm also looking at new ways of assessing trainees. The new assessment system is an outcomes based method of assessment where trainees are entrusted to perform a task with a specific level of supervision.

This project is a partnership between the Education Department and the Joint Royal Colleges Physicians Training Board (JRCPTB) [7] in order to run a pilot and complete a written report. I have been fortunate to receive training from educationalists within the Education Department on how to undertake qualitative research and develop my teaching skills.

Another aspect of the fellowship is a project commissioned by the Academy of Medical Royal Colleges to look at how we can improve the process of patient feedback for those doctors undergoing revalidation. Every five years consultants are required to obtain feedback from their patients, and we are looking at more robust ways of doing this which also incorporate new technology. The aim is to improve this process.

Specialty training for acute internal medicine lasts for five years from ST3-ST7, and is a combination of acute internal medicine and general internal medicine. You rotate through a range of core specialties during training – cardiology, respiratory [8], geriatrics and intensive care [3] medicine.

I've also spent time on the acute medical unit [9] (AMU) which is where acutely unwell patients often go after A&E and can stay for up to 72 hours before being either discharged or sent to another ward. We conduct thorough assessments, which involve history taking and a physical examination.

A newer development in the AMU is using ultrasound [10] scanning to assist in diagnosis at point of care. If for example a patient is seen with breathlessness, the causes could be related to the lungs or heart. By using ultrasound [10], we can immediately look for things like fluid in the lungs and to see if the heart is pumping blood properly which helps doctors to make a swift diagnosis. I'm developing this as one of my sub-specialty interests alongside teaching and education.

Working in acute medicine on the AMU involves a shift pattern that includes evenings, nights and weekends. The job involves attending ward rounds each day to review patients' progress and multidisciplinary team meetings with other specialists such as cardiologists, palliative care staff, neurologists, diabetes and endocrinologists and respiratory [8] medicine colleagues. We also work closely with surgeons, perhaps if someone presents with acute abdominal pain and we suspect that surgery might be needed.

We use a range of procedures and techniques to assist with treatment and diagnosis which include:

- chest drain insertion to enable fluid to be drained from the lungs
- ascitic drain insertion, which enables fluid from the abdomen to be removed (for example in liver disease),
- central line insertion where fluids or antibiotics are needed
- lumbar puncture [11]

As a trainee there's always a consultant around to contact for advice or help.

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The best bits and challenges

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I like the variety and breadth of the work. I also enjoy the problem-solving and detective aspect of acute internal medicine. You have to be ready for anything!

The wide range of possible sub-specialties in acute internal medicine is also appealing.

The work is fast-paced and you have to think on your feet as time is key when you are dealing with acutely unwell patients. Sadly they don't always recover, and although we're trained to break bad news, it's still challenging. There's real pressure on the front line in hospitals and you often need to think outside the box to ensure an effective service for patients. Fitting in the time to study for your specialty examinations alongside a busy job is very demanding.

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Life outside work

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It's important to do things you enjoy outside work to provide a break from medicine. I enjoy travelling, exploring new places and I also enjoy spending time with my wife and baby son.

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Career plans and top tips for others

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After my fellowship, I am due to undertake the Royal College of Physicians Future Hospital chief registrar scheme, which means I will be receiving special training in senior leadership and management, which will help me in my future role as a consultant. I hope to complete my training in around two years' time, before being awarded my CCT [12] and applying for consultant roles. My last year of training will be spent in the AMU, fine tuning my clinical and leadership skills.

Top tips

- consider taking an intercalated degree - it will help you stand out in future job applications
- get exposure to acute internal medicine early on and join the Society for Acute Medicine [13] who hold regular events
- use your initiative and look for potential opportunities to develop your career at an early stage. The Royal College of Physicians [14] has plenty of opportunities and resources.

Source URL:<https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/medicine/acute-internal-medicine/training-and-development/training-and-development-aim/real-life-story-dr-shuaib>

Links

- [1] https://www.healthcareers.nhs.uk/glossary#Primary_care
- [2] https://www.healthcareers.nhs.uk/glossary#Secondary_care
- [3] https://www.healthcareers.nhs.uk/glossary#Intensive_care
- [4] https://www.healthcareers.nhs.uk/glossary#Foundation_training
- [5] <https://www.healthcareers.nhs.uk/glossary#Oncology>
- [6] https://www.healthcareers.nhs.uk/glossary#Core_medical_training [7] <https://www.jrcptb.org.uk/>
- [8] <https://www.healthcareers.nhs.uk/glossary#Respiratory>
- [9] https://www.healthcareers.nhs.uk/glossary#Acute_medical_unit
- [10] <https://www.healthcareers.nhs.uk/glossary#Ultrasound>
- [11] https://www.healthcareers.nhs.uk/glossary#Lumbar_puncture
- [12] <https://www.healthcareers.nhs.uk/glossary#CCT> [13] <http://www.acutemedicine.org.uk/>
- [14] <https://www.rcplondon.ac.uk/>