Acute Internal Medicine Video with Dr Hannah Skene MBChB, FRCP(Edin), MMedSci, SFHEA

I love acute medicine because every day is different and the variety, intensity and the type of work I do makes it a really exciting job.

Acute internal medicine really came from the idea that we needed a coordinated approach to assessing and managing acute medical patients when they come into hospital. Before acute medicine units we had patients being admitted all over the hospital under various specialties. The idea of having acute medical units is that we can coordinate all of those resources in one place. Its a real multidisciplinary way of assessing and initiating treatment for these patients, reducing the amount of time they need to be in hospital and actually getting them home again.

An acute physician is a consultant who is responsible primarily for the acute medical unit and the way that the acute medicine service is delivered and operates. So they are a senior clinical decision maker, they are there to support the medical and nursing staff on their ward and their training and they are there to develop the service in terms of acute care pathways and they are there as the interface between the rest of the hospital and the acute medical unit.

I have a five-week rolling Rota where I do a different role every week. So I do a week of take where I am on call and see patients as they arrive, assessing them, managing them and the acute medical team who are on call with me.

And then I have a week where I am in an ambulatory care clinic where I am seeing patients straight from the community or I am seeing my patients who have been discharged from the unit and need to come back to see me again in the right patient setting.

And then I also do a week in what we call our level one area, which is where are sicker patients are, where we provide our monitoring, slightly increased nursing levels and where we can provide a little bit of ventilatory support as well. That is really the sicker end of the medical patient who doesn't quite need critical care within an intensive care unit.

And then I have a week where I get a chance to catch up on my non-clinical commitments - so my SPA and research activity. That can be teaching or attending courses for my own professional development. And its my chance to look at how the unit is performing, what ideas and things do we need to put in place - my service development time, if you like. It’s my chance to step back from the clinical side and look at the service as a whole.

My fifth week we have built in a cover week within the Rota, because the nature of being in an acute specialty you can't just cancel the acute medical unit to go on holiday so you have to build that in cover, and that adds to it being sustainable

That’s a key thing for trainees to understand - we're not on call all of the time. I do on call, of course I do, but I mix that with the clinical and non-clinical commitments that I also have. And if I am on call or work an evening that is compensated in the rest of the work I do, so I may have a day off during the next week, for example.

I see the majority of patients from start right through their admission to discharge, and that adds to the satisfaction of the job too.

An elderly lady came in a few months ago with very nasty septic shock. She was extremely unwell and we admitted her to our level one area and that's where we could provide support for her chest with our chest physios we could provide physiotherapy input, she had occupational therapy input there she had pharmacy input because she was on a lot of medications that were interfering with the drugs that we wanted to give her. It also gave us the opportunity to spend a lot of time with her family as well. She was in one clinical area with the same team looking after her and we built up a really nice rapport with that family. She did get better and we got her home, which was fantastic. It was a real multidisciplinary effort, she had a lot of needs both physical and social needs. That's really satisfying. It shows our ability to use the whole team and use our investigation as well as our treatment pathways effectively. If somebody needs that increased degree of support from us we are able to offer it and that's really satisfying.

I would recommend a career in acute internal medicine to trainees who really enjoy working on an acute medical unit, who thrive in that multidisciplinary environment, who love the breadth of clinical presentation that comes through the door, who've got good common-sense, who show initiative and drive and a real enthusiasm to change our system, to improve the care that we provide our patients.

To become an acute physician there are two alternative routes into the higher specialty training programme. After foundation training a doctor can go through core medical training or the acute care common stem training programme to enter acute medicine. Higher specialty training in acute internal medicine is a four year training programme but we encourage trainees to also dual accredit in general internal medicine, and that's another years worth of specialty training.

During those specialty years trainees will be gaining experience and skill in a variety of different medical specialties as well as AIM on acute medical units and that is so they can go into consultant jobs with that breadth of knowledge. They are also required to develop a special interest as well during their specialty years for some trainees that is a skill based interest and that might be echo ultrasound scoping, it may be an academic interest where they undertake a serious bit of research during their training years or it could be developing an interest in another medical field such as stroke, intensive care medicine, toxicology.

People told me this was a really risky career choice ten years ago and when I look back at it now I can say no it wasn't - its been the best decision I made because I get that clinical variety I was looking for, its a sustainable career, its a flexible career. And I still get to enjoy not just the clinical aspects to my job I've really got stuck into the other, non-clinical aspects of service development, and just the development of the specialty. It makes me very proud to be an acute physician.