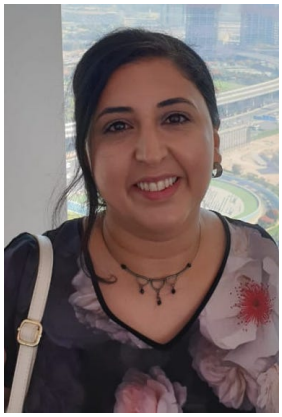
Ola Abbas – Intensivist and Acute physician



I'm writing this few weeks after my "training" has come to "an end", I mean do we really finish training and learning as doctors? I don't think so. But still this feels to me like an end of an Era!

It's been quite a journey for me, it didn't start with registrar training in this region but rather way before that. Possibly dating two decades ago as I'm sure it would have been for most of you (most of you that are as old as me).

I have passed through different countries & different training programs over the last few years. I graduated from University of Baghdad. Following graduation I relocated with my family to Dubai and underwent a year of internship there which is basically an FY1 job in UK training terms. I then moved to Beirut and joined the American University of Beirut Medical Center Internal Medicine Residency Training Program for three years, for various reasons beyond the scope of this article I decided to relocate again. I took on the MRCP, exams were a success and I registered with the GMC.

Those who think/thought it's undoable for an immigrant IMG to get to where I am and cautioned me that I was doing the wrong thing or doing it the wrong way… I'm glad to report I've done it and won at it. It wasn't a picnic but standing where I am and looking back; it was absolutely worth it.

I applied for my Intensive Care number in 2012 when it first became a standalone specialty, I had my doubts at first, I mean how can you chose what you'll do day in day out for the rest of your working life so early on in your career, however I was pleasantly reassured soon after I joined that yes ICM is my jam.

I still had medic blood in me and even though an exchange transfusion was suggested by a surgeon friend of mine (who mistakenly thought I'd enjoy being a surgeon) I went ahead and applied for acute medicine. And so becoming a dual intensive care and acute medicine trainee.

I feel I should acknowledge the elephant in the room here, though both specialties might seem close/interlinked given that we both look after acutely unwell patients. From a trainee's perspective there are at times huge differences between the programs and it requires a good deal of resilience and resetting of expectations when one moves between both training settings. I hold no regrets nor grudges they both were experiences that I'll go through again if time somehow magically turns back, I might do other things in life differently when/if the clock winds back but not the specialties I chose.

The training is spilt in stages as you all would know, I won't delve into too much detail about what the stages encompass, and I'd simply refer you to the FICM website. What I would say though is when you contemplate dual training be mindful of how and where the time you need to devote for exam**s** would lie. I did my FFICM while I was rotating in medicine and although that was hard in

terms of getting exam prep, reflecting back if I was to do them during ICM rotations I probably wouldn't have had much time given the nature of the ICM rota. Pros and cons as with anything in life, my advice would be plan exams early and get them out of the way early.

I did FFICM and then Acute Med SCE but there is no right or wrong way round it, if you're in the middle of stage two and not done any exams then tackle FFICM then the SCE but if you're fresh out of CMT/ACCS and just done your MRCPs and started off registrar training in anesthesia (three months of no on calls – hallelujah!) then probably do your SCE first.

I'm sure you can appreciate it's difficult for me to give career advice without knowing who's asking for it so if you need to chat more about this do get in touch.

Training in the North West has been a great experience and it's the people involved in the training program, the people that I work with, became friends of and the whole environment and vibe around the North West that made a heck lot of difference in my opinion, especially for someone like me who's uprooted themselves away from home and family (war back home might have influenced that) and came here for a paying job but instead found a career, a home and friends I won't trade for the world.

I've been asked to mention what was my high moment as a trainee and what would I change (as a substitute question to what was a low moment/time!).

For me there were several highs and plenty good moments; getting into the program, passing the exams, achieving FICE and level one thoracic USS, winning prizes (yeah they were for posters but they still count), being elected to represent my colleagues, appointment to takeAIM fellowship, walking out of my ARCPs smug because I so knocked the hell out of that outcome one and finally nailing a substantive job where I wanted it to be. On a more personal level (and it's what makes the job we do so fantastic) shaking hands with a grateful patient, being privileged to be part of my patients'/their relatives lives in their most personal moments when a loved one dies or when they come back from death.

If the time was to magically turn back, one thing that I would like changing is the fact that the two portfolios you end up having as a dual trainee don't speak to each other and you'll spend a decent amount of your Sundays downloading from one portfolio, uploading to the other and relinking.

I would also look into the option of going less than full time, there's no rush to get to consultancy. Yes doing nights and still being a trainee when most of your colleagues are now your bosses might be a downer but I can't help but think about the time I would have had to stop and smell the roses.

I consider myself lucky to be able to train in both ICM & AIM as it allows me to experience a spectrum of illness from the stable but chronically ill to the extremely unstable acutely ill patient. I like to be kept on my toes yet have some less intense time at work and this combination does it for me.

ICM & AIM complement one another and provide a good balance in the nature of clinical encounters that one would come across. A patient's journey may well start on MAU carry on to ICU and then back to the community.

"Choose a job you love, and you will never have to work a day in your life". Confucius