

## Hywel Garrard

### Anaesthetist and Intensivist



It's strange to be writing a reflective piece that is not mandated by the ARCP process, but I was asked to write about my experience in training in the region, so here goes...

I came to ICU reasonably late from the end of ST4 anaesthesia, so had 'all of stage 1' to complete in 3 months whole time equivalent. The 'burden' of assessment is a frequent topic of discussion at teaching and whenever ICM trainees find themselves in close proximity. It is thankfully slightly better now than it was. I now feel like an old timer writing that. I might as well have written 'it was different in my day', and you 'Stage 1 whipper-snapper have it easy' – certainly not the case!

The challenges of trainees and trainers getting used to a new curriculum and training programme is passing, certainly in ICM. Those of you spending time in other specialties will still come across those who don't quite know what you are, what you're doing or what assessments you need. Keeping fighting the good fight and hopefully our path through training in the region will only get smoother.

When I think about my time in training, I think of it a bit like my time in school. You don't know if it's good or bad when you're in it, but you get a feeling for it when you meet other outside your bubble. Through what I, embarrassingly, could only describe as 'networking' I get the feeling we are in a rather fortunate position in the region. We have the challenges of geography, but still better than other regions. We have a responsive STC, good training opportunities and several regional and nationally recognised centres of excellence. I have on more than one occasions when mingling with trainees 'South of the wall' heard envy in their voices at our access to teaching, training, echo and subspecialty ICM.

With (hopefully) only one ARCP to go, I now don't dread the process, as I've come to realise everyone wants to get you through. In fact, the ARCP holds no fear now as the consultant interview looms!

There is a hidden perk towards the end of training with all the ARCP effort. The process of tidying up the portfolio yearly for ARCP makes reflecting on training and turning all the extra-curricular stuff into a digestible CV for consultant interview a lot easier. Perhaps when you're in the depths of Stage 2 this might make the portfolio effort a little easier? Probably not!

Finally, I was asked about a moment from training that stands out. There are so many, but I have particularly fond memories of learning about a new 'shock' category during some 'bedside teaching' from an orthopedic consultant. I learnt his patient did not have 'septic shock' from bone metal work (high fever, quad Norad, vasopressin, steroids, positive blood cultures, organisms in the bone marrow) but had shock from 'general unwell ness'. Now that I have learned about 'general unwellness' I see it in so many of my ICU patients. The next challenge is the 'general unwellness' cure. The search goes on....