

**SO YOU WANT  
TO BE A...**

# **EMERGENCY MEDICINE SPECIALIST**

## **What do you love most about your job?**

The thing I love most about my job is the uncertainty and a bit of chaos. Every shift in ED is different and you never know what you're about to see or do. Having first crack at assessment and diagnostics under pressure can be fun and rewarding as long as you don't end up ruining a glorified triage service.

## **Remembering back to your first few weeks working in the hospital, what was it like? Did it meet your expectations?**

The most ingrained memory of starting as a house officer was being asked to do an IDC on my first day and realising, I really had no idea what I was doing. Fortunately, I had great support but it certainly made me wish med school focused more on some of the practical skills and logistics of hospital life.

## **Why did you pick the specialty you did & what's it like being part of the training programme?**

I picked Emergency Medicine because I get bored easily and am not a big fan of clinics and ward rounds. There's always more to learn and great teams to work with, and a great mix of procedures and clinical reasoning.

## **Any other helpful information for someone considering pursuing Emergency Medicine as a specialty?**

The most important thing for doing Emergency Medicine is having thick skin. You will deal with a lot of agitated people who are mad at things beyond your control - vulnerable and sick patients, stressed inpatient teams, and a good amount of mental health and drug use. You have to learn quickly to not take it personally, and just advocate for the patients as best you can regardless of the resistance encountered.

## **Can you recommend good runs to do as a House Officer to help my application to this training programme?**

Definitely try and get some paediatrics and obstetrics in, but the more variety you get the better. You're expected to deal with everything in ED so do runs in what you're least comfortable with.

## **Any other helpful info/insights?**

As for any TI advice - try and do as many on-call shifts as possible with the HOs prior to stepping up to see the remaining gaps in your skills and knowledge. Better to find out now and work on it, than find yourself on a long day unable to do something a patient needs.

The other more obvious advice is don't piss off the nurses - they will save your butt (and the patients' of course) more often than anyone else as a HO. Treat them with the respect they deserve - as experienced knowledgeable colleagues, not just servants to doctors.