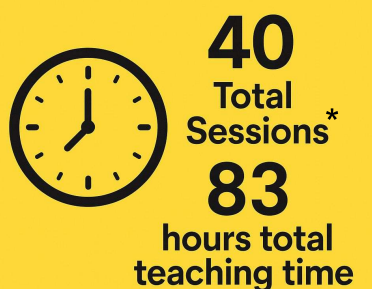
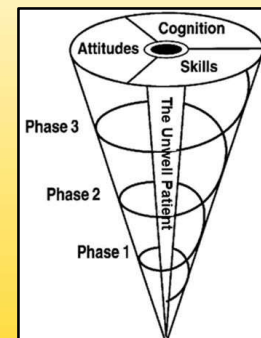


# Can Early Exposure to Intensive Care Medicine Shape Future Careers?

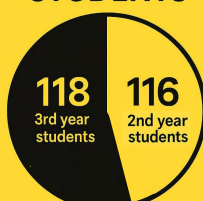
## Background

Intensive Care Medicine (ICM) has historically been considered a postgraduate specialty, resulting in limited structured exposure within the undergraduate medical curriculum. As the scope and complexity of ICM continues to expand, early engagement during undergraduate training may enhance clinical preparedness, foster systems-based thinking, and stimulate early interest in the specialty.<sup>1,2</sup> We describe our delivery of the ICM components of the syllabus for 2<sup>nd</sup> and 3<sup>rd</sup> year medical students, led by a clinical fellow, introducing foundational concepts in ICM. We further demonstrate the design of quality improvement project-based tools to enhance our delivery of ICM teaching.

Through informal qualitative feedback, we evaluated the perceived educational value of near-peer teaching in ICM, and explored the influence of early ICM exposure on students' career considerations in critical care specialties. This approach aligns with literature advocating for early specialty exposure and near-peer assisted learning as drivers of student engagement and career development.<sup>3-5</sup>

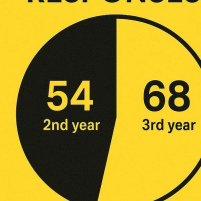


**234**  
STUDENTS



**FEEDBACK**

**122**  
RESPONSES



The intensive care clinical components of the undergraduate curriculum at BSMS are predominantly within the 2nd and 3rd years, with focus on the critically unwell patient.

The 2nd year sessions are part of an Initial Assessment Programme (IAP), as part of a 4 component module focusing on:

- Reinforcing the A-E assessment
- Foundational concepts in ICM
- Exposure to patients with multisystem failure

The 3rd year sessions form part of a perioperative medicine 2 week module (lead by anaesthesia) within the surgical term. This focuses on:

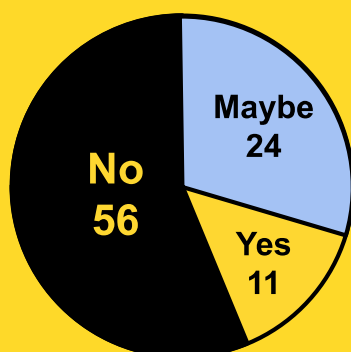
- The high risk surgical patient and the role of ICM
- Principles of supporting high risk patients in ICM and on the ward
- Reinforcing the A-E assessment system from Year 2/IAP

## The session...

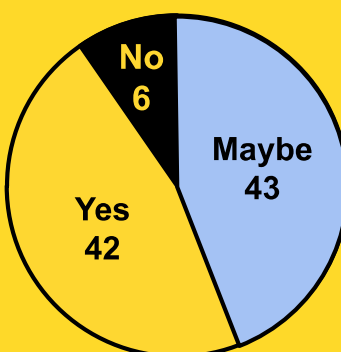
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Was relevant to my curriculum	15%	83%			
Was an appropriate level for my learning	6%	92%			
Was well structured	16%	82%			
Was useful for my clinical progress	11%	85%			
Achieved the learning outcomes	12%	86%			
Was enjoyable	10%	89%			
Was interactive	7%	93%			
Had opportunities to ask questions or clarify learning	5%	94%			

## Would medical students consider a career in ICM?

Prior to this teaching session have you considered a career in Intensive Care Medicine?



After this teaching session would you consider a career in Intensive Care Medicine?



## Quality Improvement Projects



## Positive Feedback

- "Very enjoyable session, thank you."
- "Best teaching session yet."
- "It was really lovely, informative, engaging and enjoyable."
- "Probably best clinical session I've had so far."
- "A really good teacher. Very valuable insight into ICU care."
- "Combining teaching with practical applications really helps my learning"

- "Jack was probably the best teaching fellow I've had so far, he was very engaging and made the session enjoyable, as well as testing our knowledge and helping when we needed it. Thank you for such a great session."
- "Jack was a great teacher, very friendly and approachable and delivers extensive knowledge passionately."

## Student Reflections

- "Greater understanding of how the ICM team works."
- "Improved appreciation of A-E assessment... and application on the wards."
- "I now understand what I really assess in A-to-E assessment."
- "I gained experience on a ward... confidence to ask questions/interact with staff."
- "Immersive MDT experience in ITU and thinking holistically."

- "Understanding how ICU become involved in a patient's care."
- "Deeper understanding of physiology in practice."
- "Confidence being able to put this in to practice on the ward."
- "I learnt how to think critically about referring to ICU."
- "The role of the intensive care team to help patients who require specialist care from multiple specialties."

## References:

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4. Lockspeer, T.M., O'Sullivan, P., Tehrani, A., Muller, J. Understanding the experience of being taught by peers: the value of social and cognitive congruence. *Adv Health Sci Educ Theory Pract*, 2008; 13(3):361-372.
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## Conclusion

Learner feedback highlighted two key findings: First, that delivery of ICM teaching by a resident doctor was rated highly across all domains, suggesting that near-peer instruction may offer equal approachability, reliability, and cognitive congruence to consultant-led teaching models.<sup>4,6</sup> Second, early exposure to ICM appeared to have a positive influence on students' perceptions of the specialty, with most respondents indicating increased interest in pursuing a future career in intensive care medicine. These findings support the growing call for vertical integration of ICM into the undergraduate medical curriculum. Furthermore, they underline the educational value of utilising junior-grade educators in the delivery of complex specialty content.