

About Me

I'm Sabi Hippolyte and I'm a consultant in respiratory medicine at Brighton Sussex University Hospital. I trained in respiratory medicine and general medicine in the London deanery and carried out my MD (res) at The Royal Brompton Hospital. This was a big data statistical analysis of Cystic Fibrosis outcomes. I joined the specialist registrar in 2018. I am interested in medical education from the undergraduate level to specialist training programmes. I was a local trainee rep for 6 years before joining the BTS Specialist Training Group (STAG)

My Job Plan

In total, I currently work 11 Pas over four days. This works out as DCC covering daily ward rounds about 60% of the time, three outpatient clinics, pleural/bronchoscopy lists on weeks off the ward, as well as MDTs and GIM weekend on-calls. I am lead for NIV in the trust, which carries with it various other roles within patient safety groups, cross-departmental meetings and working with other regional ventilation services. I am a clinical and educational supervisor and we all do various lectures and symposia at the medical school within our department. I am departmental lead for clinical governance and have just taken on a role for the medical division in environmental sustainability. It's pretty busy, especially over four days. I am in the process of developing a business case to establish a local home ventilation service which will mean that my job plan will change.

What I Wish I'd Known About Becoming A Consultant.

Think hard about where to become a consultant. Your job can change with time; your department, the values and potential organisational structure of your hospital and its location, cannot change. Applying for your consultant post is a chance to decide how you want to live your life. Where do you want to be, with who and will this allow you to evolve and develop over the next five years as you envision? (I think five years is a manageable amount of time, a decade seems a bit much).

Lunchtime is really lonely, at first. The group lunches and gossips are gone. Instead it is a quick moment between ward rounds/clinic to try and get as much stuff done as possible. Make time to walk away from your desk even if it is to make a cup of tea.

There is more stuff to do than you can imagine, and the emails just keep on coming. I never go home without a clear inbox, with all emails acted upon. Mainly because that sets my mind at rest that I can keep on top of things. Succinct communication is the key! Work out how you want to deal with admin (spreadsheets of pending investigations, or specific patients that need sorting out) and then keep on top of it.

Everyone has warned me of the need to learn to say "no" to projects/roles. This is still a work in progress but certainly try and do a few things well at the start as there is enough to learn stepping up as a consultant. That is sensible, but much more difficult to do in reality.

Hospitals are full of keen medical students/juniors who want to (or need to) do audits/QIPs and hopefully get posters and publications. There are also lots of educational fellows keen to improve training so use them all well. It's a win-win relationship and adds variety to your work.

Empower specialist nurses to develop local services with you. They will know what works and what needs changing far better than you, so working with them is much more efficient.

Don't forget the things you like. If you enjoy education, get involved; if you like research think about how you can keep things ticking over until you feel ready to start setting up your own projects.

Use your mentor. It is great to have someone outside your division who you can call and feel supported by. They are often sensible and senior and can be calming and unbelievably helpful. If you don't get on with them that well, you can also ask previous colleagues from other trusts for advice. Its overall a really friendly community, by and large everyone wants to help. You are not alone!

Speak to the rest of your department, and make sure you get along with your department before you start. We have lots of informal chats about clinical cases, chances are someone will know what to do (no matter how rare or esoteric), or at least will know someone who can help if you're feeling a bit stuck!

Complaints happen. In training you are largely protected from these, but now they are increasingly common. It can feel personal and overwhelming, speak to members of your department, or the complaints team are also very helpful. Deal with them, learn from them and try to forget about them.

You'll probably be a consultant for 30 years, looking after your mental health is now increasingly acknowledged as important, even essential for career-long resilience. This means having someone to talk to when you have difficult days (which you will) and having something to do to relax and exist outside of the hospital. This can be developing the hobbies which have fallen by the wayside during training, or starting something new. Feel empowered, you will (probably) have a much more forgiving rota. Your weekends are yours (pretty much) again. Most workplaces will have clubs within them or deals with local sports centres etc for your wellbeing but think of stepping outside the hospital. Doctors can be rather insular and invariably talk about medicine, so think about braving those evening classes and nurturing the you beyond medicine.