ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Elective Report Year 5 MBBS Orthopaedics, United Christian Hospital (UCH)

Elective period: 29th April- 11th May 2018

Objective 1: What are the prevalent Orthopaedic conditions in Hong Kong and how does this compare with the UK?

Objective 2: How are Orthopaedics surgical services organised and delivered in Hong Kong? How do they differ from the UK?

Objective 3: Global/ Public Health related objective: How healthcare is provided in HK different to the UK?

Objective 4: What are the challenges of consulting patients and communicating with other members of the healthcare team in a bilingual (Cantonese and English) environment? How do doctors over come these challenges?

Introduction:

During medical school we had very minimal exposure to Orthopaedics and with both foundation jobs often including a rotation in Orthopaedics & trauma or A&E, I thought it would be an invaluable opportunity to familiarise myself more with this speciality, or at least the terminology used. Therefore, I spent 2-weeks with the Orthopaedic team at UCH to gain more Orthopaedic exposure to become a competent foundation doctor. UCH is a reputable public hospital and provides the best health care services for both inpatient and outpatient care through its multi-disciplinary teams. UCH provided a wholesome and enjoyable learning experience through its friendly and enthusiastic surgical team and its diverse patient groups and cases.

1. What are the prevalent Orthopaedic conditions in Hong Kong and how do they differ to the UK?

Orthopaedics in Hong Kong not only manages bone related disease and injuries but also a variety of what in the UK would gain Dermatology or Plastics involvement e.g. skin growths (i.e. lipomas, ganglions) and Necrotising Fasciitis.

My attachment at UCH exposed me to more common cases than my other Orthopaedic experiences, which have been in tertiary or trauma centres. Yet it was inspirational to see how HK doctor's always strive for the best. My attachment here was a true demonstration of how Medicine is a lifelong learning and problem solving career. At UCH there is a conveyer belt of undergoing research and studies to analyse which surgical approach provides the best patient outcome and implement their results to provide the best healthcare for their patients.

I Hong Kong has a continuing ageing population. The median age of the population rose from 28.8 in 1986 to 43.4 in 2016 alongside improvement in mortality figures during 1986-2016. This lead to an increase in life expectancy. In 2016, the life expectancy is now 81.3 years for males and 87.3 years for females. This has increased by 7.2 years (males) and 7.9 years (Females) since 1986 (demographics, 2017). Therefore, from my 2 week attachment it appeared that their prevalent population group in the Orthopaedic department was around 80s and amongst a ward of 40 odd patients, there would be one 20 year old in the mist. I saw numerous fractures e.g. NOF, tibia and acetabulum; osteoarthritis (requiring going replacement), frozen shoulder and lower back pain. Amongst the younger population prevalent conditions in Hong Kong covered carpal tunnel syndrome and trauma injuries. This picture doesn't greatly differ from the UK as currently in the UK we have 18% of the population over aged 65 and 2.4% aged 85 and over (National statistics, 2017).

It was interesting to observe that many conditions were managed similarly to the UK. For instance Development Dysplasia of the hip often are screen for by a physical examination at newborn checks and then at 2 months, this is similar to the UK. If any abnormality is detected i.e. asymmetrical skin folds, stiffness in abduction a referral to Orthopaedic services is made, for a further physical examination followed by an Ultrasound. Additionally, if the baby had any risk factors an Ultrasound will also be organised for the child. The only difference is that in the Asian population often DDH is evident on imaging at 5 months in HK. Moreover, the majority of our initial physical exams are done in primary care, yet in HK the public service is conducted via maternal and child health centres and privately is performed by paediatricians or general practitioners.

In clinic, it was interesting to observe that many patients manage their pain by combining western Medicine and Chinese medicines .e.g for frozen shoulder to use herbal ointments and acupuncture.

It was wonderful to observe that management for orthopaedic conditions is often a combination of guidelines used in Australia, USA and the UK.

2. How are Orthopaedics surgical services organised and delivered in Hong Kong? How do they differ from the UK?

In Hong Kong, surgical services can be delivered publicly and privately. Orthopaedic inpatient services address emergency and elective cases. During inpatient services, patient's are addressed through ward rounds (ground rounds) and multi-disciplinary meeting. It was interesting to observe that UCH have a weekly morbidity meeting. Here doctors discuss how they can improve their management to improve morbidity rates and if no improvements can be made in their management, the meeting can remind doctors that some conditions deteriorates more rapidly or have worse outcomes. I have never witnessed such a meeting but I thought it was very useful and only improves clinical practice. The ward rounds in HK (known as ground rounds) are a lot different to the UK. In the UK there much more patient contact, where a quick examination is conducted and few questions are asked. In HK due to the sheer amount of patients and limited doctors there often isn't time, and ground round is more of an opportunity to familiarise the history with the patient's face and wound assessments.

Orthopaedics outpatient services manages removal of small skin lesions, chronic pain, post operation follow up, referrals from ED, primary care and other hospitals. On the contrary inpatient services cover emergency and elective admissions e.g. trauma injuries, knee replacements, tendon repairs etc. It was interesting to observe that there is less emphasis placed in primary care (which will be addressed below), as I have seen many cases e.g. trigger finger, lipoma excisions being managed as minor surgeries in primary care services. Additionally investigations and management is often started in primary care and managed according to our National institute for health and care excellence (NICE) guidance. In Hong Kong hospitals will follow trust guidelines e.g. Hospital Authority ; UK and US guidelines when they manage their Orthopaedic conditions. Additionally, there is a lot of communication between secondary and primary services in the UK and the patient's progress is copied to primary care. In HK doctors can only choose to work for public services or in private health care, not both (like the UK). Here I have noticed there is much more advertisement to use private services, often in clinic doctors will suggest private hospitals to patient's for imaging investigations.

In summary, the protocol for a patient to have surgery is identical to the UK with pre-op assessments, surgery conducted at exceptional and high standards like the UK and meticulous follow up appointments. The only difference I can observe is that the patient is anaesthetised in the theatre itself in Hong Kong unlike in the UK where we have an anaesthetic room.

Objective 3: Global/ Public Health related objective: How healthcare is provided in HK different to the UK?

In Hong Kong healthcare is delivered through public and private services. Yet private services are far more widely used and accepted in the Hong Kong, and can be heavily subsidised by the government, nothing is free.

Firstly, primary care, like the UK, is the first port of call in management. It is here where the GP makes the decision if you need hospitalisation or to visit a specialist clinic, and it is here where the options are given to the patients to go private or public. Both will require some cost, yet private a vaster amount of money. All primary services e.g. GPs are private in Hong Kong, leading to a weaker and less interlinked relationship between secondary and primary care when managing patients. Patients can only get referred to see specialist services by GPs, yet the relationship ends here e.g. if follow up is required post hospitalisation they see specialist outpatient clinic but no information is copied to the GP and further follow up is not required in primary healthcare services. An average consultation fee to a GP will be 300HKD (includes a consultation fee + 3 day course of non- complicated medicine). The public primary care service is known as general outpatient clinic (Found in hospital), this is heavily subsidised (Where consultation fees around around 40 HKD) and is accessible to everyone yet queues are often endless. With minimum wage in HK being 34.5HKD/hour it means many middle-income families will access private healthcare. Moreover, although low-income earners still need to pay the public equivalent primary service fee, if an A&E attendance is required (200HKD), often can be waived. Hospitalisation through public services are heavily waived and often cost patients on average 100 HKD/ night (which will include surgical fees). Medical insurance can be bought to access the private system.

Objective 4: What are the challenges of consulting patients and communicating with other members of the healthcare team in a bilingual (Cantonese and English) environment? How do doctors over come these challenges?

I have been very much looking forward to address this objective in my attachment. Medicine is taught in Hong Kong entirely in English. However, majority of the communication I observed between doctors-patient sand within the healthcare team is communicated through cantonese. Yet, English is used during presentations and teaching sessions. 50:50 English:cantonese in MDT meetings/ ground rounds. Additionally, English is always used for specific anatomy e.g. tendon names, anatomical positions therefore all healthcare services e.g. radiographers and physiotherapists will need to know the anatomy terminology in English. I observed numerous times the challenges doctors faced when translating English anatomy into Cantonese for their patients, but often by description they are able to communicate e.g. when translating the ulna, they would describe the location of the bone in cantonese. Additionally this development to be able to interchange has began since medical school. English for many doctors in HK is often a second language and I can only imagine that this an additional challenge amongst many challenges for these doctors. I have also noticed that many doctors need to learn Mandarin as there is a large mainland Chinese population visiting HK hospitals. With nearly a trilingual environment I believe the miscommunication can occur as for some phrases you never can have exact translation and this could be an issue. Additionally, it is not expected for patients to be fluent in Mandarin, and for these patients I believe they are only making out what the doctor is saying. To further intensive this challenging environment doctors needed to juggle delivering management plans in cantonese, yet at the same time teach medical students in English. For me, my attachment has really tested me, although I am fluent in Cantonese I have only been exposed to colloquial Cantonese, yet I have not had much experience speaking written Cantonese and many of the time I was concerned about my grammatical errors; coming across unprofessional and disrespectful. Additionally, I found everything a lot harder to follow as even simple things e.g. lefts and rights followed by medical jargon I had to translate, which made it difficult for me to keep up.

To overcome these challenges I am aware that all doctors have been examined to ensure the English is at a high standard and are assessed in how they communicate with patients in Cantonese. It is hard enough as a medical student from the UK to remember the endless long medical terminology, yet when English is not your first language I really believe that HK doctors have really been put through their paces. Yet, like with all things practice makes perfect. I have aspirations in working in Hong Kong one day, if I can pass their entrance exam, but before that step a few Chinese lessons will be appropriate to make my transition out there at ease.

My main learning points pertaining to what orthopaedics would be like as a career have been:
1) Orthopaedics is one of the frontrunners for surgical specialities who are working towards eradicating

bullying from the commonplace in surgical training.

2) Orthopaedic tools and gross motor dexterity skills used by the surgeons are something that I find much more appealing than the fine and intricate work done by, for example, interventional radiologists and laparoscopic surgeons; in other words, I enjoy the robust mechanical implements found in orthopaedics and find limited appeal in surgery that involves less tactile feedback. I also enjoy the biomechanics-based problem-solving elements of orthopaedics that, in my mind, liken this specialty to a form of engineering. Obviously I understand there are vast patient benefits to the operating techniques of other specialties, however orthopaedic surgery holds a firm grasp on my imagination.

3) The psychological aspect of orthopaedic illness and the road to recovery from orthopaedic ailments is something I find endlessly fascinating; these patients' whole lives are changed when their ability to mobilise is improved; it literally ameliorates their personal freedom. Being able to observe how the work of the orthopaedic surgeons changes the lives of the patients and their families has been a privilege, which I shall endeavour to remember as I move on to treating my own patients next year.

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