ELECTIVE (SSC5c) REPORT (1200 words)

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

Elective 2015: Orthopaedics at Port of Spain General, Trinidad & Tobago

Objectives:

- **What are the prevalent orthopaedic and general surgical conditions in Trinidad & Tobago? How do they differ from the UK?**
- **How are orthopaedic and other surgical services organised and delivered in Trinidad & Tobago? How does it differ from the UK?**
- **Health related objective: to assist in the management of preoperative, perioperative and postoperative patient care under supervision in a health service different from the NHS.**
- **Personal/professional development goals.: To gain a better insight into the careers of orthopaedic and general surgeons. To gain hands on experience in both these fields to improve future speciality applications.**

Five weeks ago when I first made my way to Mount Hope hospital to find out what I would be doing for the next six weeks I wasn't sure what to expect. I have heard many stories of health care in Trinidad both good and bad. I had heard about the lack of resources and the rise in private care but I had also heard of fantastic doctors doing their best in difficult circumstances. Also I know two surgeons who had carried out their electives here so I was excited about getting hands on.

When I first met my consultant he explained that in the public hospitals the system was not that different from the NHS. Teams are consultant led with senior and junior registrars and interns on the wards. There are some notable differences. The team I was with was much bigger than the two teams I had worked with previously. Mr. Mencia has two senior registrars, two juniors and two interns whereas those I had worked with prior to this had two juniors directly attached to them plus whatever foundation doctors were working the ward. What worked well was they all discussed the cases together and critiqued each others work in a very constructive manner. This is much like the trauma meetings I am used to but on a smaller scale. Within the hospitals I worked with there were daily trauma meetings involving the entire orthopaedic team which meant consultants had the opportunity to discuss cases with each other as well as within their own team. There was less interaction between teams here that I saw though they do share operating times a lot more willingly. There is also less reliance on MDTs. Physiotherapists and nurses do not appear involved in decision-making. An extension of this was the absence of administrators such as bed managers at morning rounds. One of the real negative aspects within the NHS is how administrators with no medical training get to dictate medical care such as discharge time for patients and there was no sign of this.

Regards the surgical specific organization there is little difference. Weekly clinics happen where consultants or senior registrars assess patients and if registrars are unsure they can come and discuss the case with the consultant. Patients are brought back for assessment after surgeries to either the ward or these clinics in the same way.

Operations are organized in a similar manner and the techniques and equipment used are the same but there are significant differences and one phrase does come to mind "necessity is the mother of invention". From watching the registrars and comparing them to ones I have worked with previously I honestly believe they have a greater bank of knowledge and can adapt to situations much more readily than their British counterparts and I think this will make them better surgeons. It may be that the current training programme in the UK nannys trainees a little too much as I have heard from senior consultants and seeing these guys working when the equipment they want or need is not available is impressive. I think many of our trainees would fall apart under these circumstances. One of my consultants recommends to all his trainees to go and spend some time abroad where everything is not always available as it means they can deal with problematic surgeries much better and after these few weeks I think he is right.

Part of it is their medical training. In the UK we rely heavily on the internet and apps and book skills have to a certain degree been lost. We have also separated our pre clinical and clinical learning quite distinctly. The students I have met are final years and still having their anatomy drilled into them which I think is good as I know I have forgotten much of mine. I have bought Apley's book as even though I have had more exposure to orthopaedics and can recognize injuries and conditions and take a history their factual knowledge was better. One problem for them though is the large group size. It works well as they appear to revise together and learn off each other but for watching surgeries and getting hands on it must be hard. I did find the hospital was set up as a teaching centre much better than any I have worked in. They had viewing galleries to allow these large groups of students to watch what was going on and they had cameras built into the theatre lights to ensure that those above or within the theatre could see what was going on rather than just the back of the surgeons head.

One of the highlights of this placement was seeing a very different side of orthopedics. I spent a lot of time assisting in trauma surgery in my 4th year but much of that was low impact fractures such as falls or twists but the trauma I saw here appeared predominantly high impact. There were patients who had been shot, had cement blocks dropped on them and lots of car versus pedestrian incidents. There was also a lot less elective surgery. I did see a couple of knee replacements but there weren't the huge number taking over lists like you get in the UK. The people you saw in clinic with problems such as osteoarthritis of the knee appeared to leave the problem a lot longer before they sought medical help. Individuals were often using canes or even wheelchairs by the time they came to clinic. Another issue that seemed quite common was infections both of the skin and osteomyelitis. Apart from two patients at a tertiary centre in London I had not seen such severe infections and to see how these were handled was eye opening.

I feel during my few weeks here that I managed to get a good overview of all of the different aspects of orthopaedic care within the hospital though I don't feel I got to be as hands on as I would have liked. I got to scrub in a number of times and put in a few screws but with a large team who are all

eager to practice and learn there wasn't much chance for an inexperienced medical student to get their hands dirty. I do feel it is a great place to learn important surgical skills and would like to return when I have had some more surgical experience and can be more confident in putting myself forward to do more. My aim for this week is to try and learn how to plaster.