

ELECTIVE (SSC5b) REPORT (1200 words)

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

I spent my six week elective at Great Ormond Street Hospital (GOSH). It is one of the most famous hospitals in the world with some of the best Doctors and research facilities to date. To do my elective in a specialty that I have not had much experience in, such as orthopaedics was an exciting prospect. I got to experience a wide variety of conditions, both common and rare in a variety of settings such as on the ward, in theatres and in clinics. To be given the opportunity to have a placement at GOSH is something that I have wanted since before I was a medical student and I would like to thank Miss Eastwood, Mr Fleming and Mr Maor in particular for fully immersing me in the specialty and making my time here particularly memorable and interesting.

What are the orthopaedic conditions that present to a specialist orthopaedic centre, such as Great Ormond Street? How does this differ internationally?

The orthopaedic centre at GOSH offers some of the best tertiary level care in the country. I saw a variety of rare and common conditions. The most common conditions that I saw were talipes equinovarus and limb length discrepancies. Other conditions I observed included a scoliosis, arthrogyroprosis and developmental dysplasia of the hip. In clinics I saw children with cerebral palsy, mitochondrial disease, osteogenesis imperfecta and sacral agenesis.

The main difference between GOSH and other orthopaedic centres is that it specialises in care for children, thus common conditions in adults such as osteoarthritis, lower back pain, osteoporosis and fibromyalgia do not have as high of a prevalence. Another difference is that GOSH does not have an emergency department. Therefore fractures and other emergencies will usually be seen to at another hospital and may only be dealt with at GOSH at a later date.

In underdeveloped countries, conditions that are more prevalent include neglected dislocations and fractures, poliomyelitis, osteoarticular tuberculosis, pyomyositis and osteomalacia. Whilst these may be seen at GOSH they are not as common because of the introduction of vaccines and the healthcare service that we offer in the UK.

How are the orthopaedic services organised and delivered at Great Ormond Street? Does it differ from other centres in the UK?

Patients are referred to GOSH from other hospitals or general practice as the next step up in their care. The inpatient ward, Sky ward, is attended by 6 consultants, clinical nurse specialists, physiotherapists, occupational therapists, orthotists and a plaster technician. Whilst other orthopaedic centres in the UK have a similar team composition, the specialist care and experience at GOSH is often greater, hence the reason it is the place of referral for the other hospitals that may not have as much expertise or the equipment to care for these children.

At GOSH there is also a specialist Ponseti service, established in 2005 for the correction of talipes equinovarus. It has fantastic initial and long term success rates with only a small percentage of these

patients needing surgical intervention. Other centres that offer specialist Ponseti services include the Royal National Orthopaedic Hospital in Stanmore and Chelsea and Westminster, with the latter being the largest in the South of England.

There are also multiple outpatient clinics per week. They involve seeing new referrals or follow ups from both surgical and non-surgical treatments. Some of the consultants also have specialist interests and hold clinics solely for certain conditions, such as one for osteogenesis imperfecta. This contained three different consultants as well as a physiotherapist and occupational therapist. The large number of specialties included in this one clinic mean that it is logistically more difficult to conduct and is thus not scheduled as regularly as other, single specialty clinics. Over the past couple of years I have found that a lot of hospitals that I've had placements in are beginning to hold these multi-disciplinary type clinics as it is useful for both the patient and healthcare providers.

How do other countries that lack specialist services offer care for the rarer or more complex cases that commonly present to Great Ormond Street?

In underdeveloped countries there is often a lack of specialist care and resources. Patients requiring urgent treatment may not receive care for days, depending on location and accessibility of both the hospital and the area that the patient is coming from. Conditions that do not threaten life, such as talipes equinovarus may be untreated for the duration of the patients life because the family cannot afford treatment. When patients do get treatment in these countries the list of complications is far greater than in the UK, particularly the rates of infection. This lack of infrastructure in these countries leaves children with rare, complex conditions with few treatment options, unless the family can afford private healthcare. Unfortunately the vast majority do not have the wealth and will be faced with deformities, chronic pain and possibly death in those with life threatening conditions.

To further develop my skills in paediatric examination and history taking. To develop an understanding of the different techniques used when interacting with paediatric patients compared to adult patients.

A typical week at GOSH would involve a combination of ward rounds, theatres and seeing patients either on the wards or in clinic. I had a few opportunities in clinic to take brief histories from both the patient and their accompanying parent. A patient that I learnt something from was a 9 year old with a leg length discrepancy who presented in clinic with both of her parents. Her parents largely led the consultation and insisted that their daughter needed surgical treatment as soon as possible because she was in excruciating pain. The patient sat there quietly until the Doctor asked her how she felt and to my surprise she said that she felt fine, could tap dance without much discomfort and was happy running around with her friends. Her parents interjected throughout with conflicting statements. This emphasised the importance of involving the child in the consultation and that whilst collateral histories are important, it should be taken in context with the history that the patient is giving.

The rapport you have with the patient is very different compared to adult medicine. With children you often have to change the language that you use so they understand and are consequently less scared. An example that stood out to me was when I was seeing patients pre-operatively. The Doctor and I needed to mark the correct limb for surgery and he told the patients that he was going to "do a

pretty drawing” on their leg. The children loved this and would openly offer the appropriate limb to be drawn on. This experience could have been made difficult if it had not been explained in the correct way. Methods like this are really difficult to learn from a book and I feel like I have gained some tips and tricks that can help me in paediatrics throughout my career.

Overall I have found my time at Great Ormond Street to be one of the best placements that I have had. Ms Eastwood and her team have been incredibly welcoming and allowed me to participate in theatres despite my small amount of previous surgical experience. I really enjoyed not having the burden of exams looming over me and this has allowed me to fully enjoy and immerse myself in the specialty. I have enjoyed this placement more than I was expecting and after numerous conversations with the team about how orthopaedics is the best specialty, I feel like a career in orthopaedic surgery will be something I will definitely explore in the future.

Word Count: 1174