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ORTHO PAEDICS



Barts and The London
School of Medicine and Dentistry

SSC 5c – Medical Elective

Devadoss Multidisciplinary Hospital
Madurai, TN
India

Manish Patel – *Barts and The London*

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Subject – *Orthopaedics*

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Appendix 3: SSC5c Assessment (Part 1)

Elective Objectives:

- 1) Describe the pattern of disease/illness in Madurai and how it differs from the UK
- 2) Describe how medical teams and hospital services are organised in Madurai and how this differs from the UK
- 3) Discuss some clinical observations made in hospitals and how they differ from the UK
- 4) Reflect on your experience and focus of areas of personal development

1) Describe the pattern of disease/illness in Madurai and how it differs from the UK

During my time in the orthopaedic department at Devadoss hospital, I came to learn that almost all patients presented to the emergency department following a road traffic accident (RTA). Although the vast number of RTA cases seen on a typical ward round was surprising, this could be explained by the abundance of dangerous driving and poor road traffic safety regulations in India. There are approximately 4-7 new cases of road traffic accidents presenting to Devadoss hospital daily. With many of the road users using mopeds and motorbikes as their primary mode of transportation, road traffic accidents are far more likely to result in high impact fractures of long bones such as the humerus, femur and tibia. This was the case with many of the cases presenting with multiple fractures of bones differing in location. In light of this, numerous patients underwent external fixation of bone, something that is rarely seen in the UK.

The orthopaedic cases in Madurai differ greatly to those seen in the UK, where many of the cases are due to pathological conditions rather than being RTA induced. In the UK, most orthopaedic cases include osteoarthritis, rheumatoid arthritis and crystal/spondyloarthropathies. Fracture cases seen in the UK are mainly sports related injuries affecting the ligaments and soft tissues of the lower limbs; or upper limb cases including patients falling on an outstretched hand (FOOSH) or shoulder dislocations. Furthermore, fractured neck of femur (NOF) cases are almost always seen in the elderly (>75) in the UK, whereas in Madurai, they can occur at any age due to high impact road traffic accidents. Although vitamin D deficiency is increasingly common amongst the UK population, a paradoxical pattern is seen in India. Due to the generous amount of sunlight in most parts of the country all year around, vitamin D related conditions such as Osteomalacia are not so common in India. There were also a couple of cases of osteomyelitis during my time here in Madurai, which is very rare nowadays in the UK.

2) Describe how medical teams and hospital services are organised in Madurai and how this differs from the UK

The hospital services and healthcare provided at Devadoss Multidisciplinary Hospital was very impressive. It is a super-specialty hospital with a wide range of facilities and dedicated staff who thrive to provide the best possible healthcare for their patients¹. The team of doctors' work around the clock to cater for all aspect of the patients' healthcare needs. The hospital contains 150 beds with a variety of different rooms available according to the patient priority and costs¹. Side rooms have an attached bathroom with air conditioning and cable television for patient convenience. In the case of emergencies, every room also has central oxygen and suction connection available for immediate care¹.



Surgery was carried out in 3 main operating theatres located on the 2nd floor. The theatres and surgery is carried out in a similar way as in the UK. The surgery is normally carried out by a senior registrar and is assisted by the junior doctors.

The medical/surgical teams are organised much in the same way as they are in the UK. In Madurai, the ward round is conducted by the consultant in charge in the presence of other doctors who keep note of the jobs/tasks that need to be done and aim to complete these jobs after the ward round. We were also joined by staff nurses on the ward rounds who would make note of any changes in the patients' healthcare such as medications.

I was very surprised with the number of staff on the ward round. On a typical ward round, we could have up to 16 individuals on the ward round. However it appeared quite natural to have so many people on a ward round and didn't appear particularly overcrowded and the patients did not mind. Prof. Devadoss was leading the ward rounds and provided very in-depth teaching to all the doctors on the ward round. Many of the hospitals I have worked in at the UK were also teaching hospitals, however I felt that the consultants in the UK don't appear to have as much time to teach compared to here in Madurai. Prof. Devadoss expects all doctors to have a good understanding of anatomy, physiology and biochemistry – the foundation of becoming a good doctor. This is why I believe the doctors produced in India have a far wider knowledge base and a much deeper understanding of the underlying pathophysiology behind diseases making them better doctors.

3) Discuss some clinical observations made in hospitals and how they differ from the UK

During my placement at Devadoss Hospital in Madurai, I was able to make numerous observations about how the hospital and workings within the hospital differ from the UK. Firstly I noted that all doctors were required to wear a white coat when working on the wards. The white coats were all short sleeved, which served as a dual purpose – so that all doctors were bare below the elbows (infection control) and also helped with the hot climate here in India. Infection control protocols were present within the hospital. However, there appeared to only be one hand sanitiser per ward bay as opposed to one at the end of every patient bed in the UK. Furthermore, although some equipment was thoroughly sanitised and then reused in theatres, I was extremely impressed with the sterile techniques and measures taken to ensure that infection risk was kept to a minimum.

In theatres, it was routine for doctors and other health professionals to take photos and videos for medical education. Patients usually sign a consent form prior to surgery which outlines the surgery and also states that photos and videos maybe taken for academic purposes. This greatly differs from the UK where cameras are not allowed in the operating theatres even with the patients consent.

A very interesting observation made was the amount of respect shown to doctors here in Madurai. During ward rounds, relatives of patients that were waiting outside the rooms would stand up and greet the doctors as a sign of respect as they walked past them on ward rounds. Even upon entry to the hospital, the security guard would stand up and salute me as a sign of respect which was something I was not used to. Nurses and patients would also treat doctors with the upmost respect indicating how prestigious a doctor role is in this part of the world. This is different to the UK where doctors are not shown as much respect by patients. Patients in the UK expect a lot from their doctors and if doctors are unable to deliver (e.g. late for ward



rounds, cancellation of operation) then patients freely express their frustrations and anger at the situation.

4) Reflect on your experience and focus of areas of personal development

Looking back on my experience, I am glad I chose to come to India to do my medical elective. I feel that I could have learnt some more Tamil to allow me to communicate with the patients and have a better understanding of what was being said on ward rounds. I learned basic terms such as *Vanakkam* (Hello) and *Eappdi irukkeenga?* (How are you?), but maybe would have got the most out of my experience if I had learned some more basic Tamil. However, most of the population speak English so communication wasn't too much of a problem.

I had the opportunity to observe trauma and orthopaedics in the best orthopaedic hospital in the district. Here I was able to experience the full extent of trauma through RTA in India and how it is successfully managed through manipulation and various surgical techniques. Furthermore, having the chance to observe the knowledge and expertise of Prof Devadoss who is rightfully regarded as the best orthopaedic surgeon in the Tamil Nadu state was a privilege. Having the opportunity to speak to his juniors who speak so highly of him and his teaching shows the respect his students have for him. I have learnt the importance of early mobilisation as all our daily activities require us to move various joints of the body which lead to a common phrase used on our ward rounds - *Movement is life and life is movement.*

References:

- 1 Devadoss Multidisciplinary Hospital (Website), Available at: www.devadoss-hospitals.in (Accessed: 22/05/2013)

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