

Elective Report

Name of student: Apar Shah

Elective location: Pune, India

Subject: Trauma and Orthopaedics

Describe the pattern of disease/illness of interest in the population with which you worked and discuss this in the context of global health.

My elective was based in Pune, which is a developing city in the state of Maharashtra, India. During 4th year at Barts, my orthopaedic placement at RLH spiked an interest in the subject and hence I decided to have a taster in the field by doing an elective in T&O. The name of the hospital in Pune was 'Sancheti Institute for Orthopaedic and Rehabilitation' (SIOR). The local area contains mixture of patients ranging from the homeless to the rich with wide age-range. Since it was a major trauma centre, almost any road traffic accident (RTA) case would be referred to this hospital. The driving rules and regulations are not followed strictly by the residents of the city which results in high RTA rate (35 per 1000 vehicles) and complicated injuries arising from those accidents. I had a good exposure to multi-trauma patients and learnt about the basic principles in managing such cases as a resident doctor. There were wide range of clinics in the hospital dealing with patients presenting with musculoskeletal problem i.e, dedicated knee, spine, shoulder, paediatric and hip clinics. The pattern of osteoarthritis (60% of the patients) presentation was similar to that of the UK i.e, older age and obese patients were more likely to present with OA. In context of global health, the hospital lacks support for research and does not necessarily follow latest guidelines and for the same reasons, the quality of treatment provided is unknown.

Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries, or with the UK

India has mainly three types of hospital depending on the funding they receive; i) private – fully funded by the owners and the patients for the services they receive, ii) semi-private – it has partial funding from the government as it provides services to some of the govt hospital patients, iii) government hospital – fully funded by the government. Most people choose to go to private hospital since it employs latest technologies and ensures fast provision of treatment. Although this can be quite expensive for many locals, most of them have healthcare insurance which pays for the costs. In a way, this insurance could be compared to the national insurance (N.I.) in the UK with the difference being that one does not need to claim for the costs in the NHS. On the other hand, government hospital provides free service to everyone who walks through the door; however, the quality and speed of treatment are nowhere near to that of private hospitals. Part of the reason for such a huge difference between the two hospitals is that resources are too limited to deal with

exponentially rising population. Other reason is that most senior doctors choose to work for private hospital due to better prospects which leaves government hospital with meagre junior doctors who simply cannot manage the workload. One of the major differences I realised while working here was the blazing fast speed with which doctors work. A consultation of 5 minutes would include a focussed history taking, examination and interpreting investigation results which have already taken place while patients wait outside in the waiting room. This style enables consultants to sift through at least 120 patients in a day.

Health related objective

During my time in SIOR, I was exposed to a wide range of orthopaedic cases in particular there were two that stayed in my mind. The first being congenital talipes and the second was osseous TB. Congenital talipes is treated by carrying out osteotomy and osseous TB is managed by carefully interpreting the scan and blood results. I enjoyed observing the diagnosis and treatment of these conditions as they are rarely seen in the UK and personally I had never seen these conditions when on firms.

Whilst on my elective I was also fortunate enough to be allowed to assist surgeons in the theatres. Three out of five days in a week were spent operating on patients with fractures and the rest two days were spent doing joint replacements. I was amazed by the speed with which the operations are performed. It was a really good opportunity to learn about the different surgical knots and got lot of practise in suturing. The range and volume of procedures that were carried out only strengthened my desire to pursue a career in T&O.

Describe the personal/professional development goals achieved

During my time in clinics, I clerked lots of patients who presented with variety of conditions. Since most of the patients spoke good English, the experience was similar to the UK. It was a perfect opportunity to practise the history taking, communication and examination skills that I have learnt at Barts. I realised that I spent a lot of time asking detailed questions and tend to diverge from the main presenting complaint; hence I need to brush up on taking focused history. I also learnt that my thinking under pressure gets muddled up for e.g, it was challenging to come up with a differential diagnosis when patients presented with multiple complaints. I hope to work on these and get better with practise. I also shadowed resident doctors when they performed ward tasks. I learnt about prioritising everyday jobs which will be the single most useful skill to have during my foundation years.

To conclude, this elective has been an amazing experience in terms of learning the management of trauma patients and array of orthopaedic conditions which has flourished my interest in the field. Pune is a vibrant city with lots of historical

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monuments and parks. I had a great time visiting the city during the weekends and I would recommend it to anyone with an interest in T&O to do their elective here.