ELECTIVE (SSC5c) REPORT (1200 words)

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

From 18th May 2015 to 29th May 2015, I had the privilege of shadowing a paediatric orthopaedic surgeon, Ms Claudia Maizen and her team and her team in The Royal London hospital. I had the opportunity to be a part of clinics, operating theatres and teachings throughout my 2 weeks here. Having been involved with Ms Maizen before, I had the privilege of having been acquainted with her and her schedule which made my integration into her schedule very easy. Her team was also very welcoming and I had a wonderful time here with them.

Being involved in the peadiatric orthopaedic team meant a very specialist field of orthopaedics that I have had very little exposure to otherwise. Given the physiology of bones of childrens and knowing that they have softer growing bones that have a higher risk of trauma, I was expecting a greater level of paediatric trauma. However, I was surprised to learn the scope of paediatric orthopaedics heavily rotated around cerebral palsy. I met a variety of patients with various degrees of cerebral palsy in clinics as well as in the operating theatre.

Some of the patients in clinics were new cases referred by a GP, and it was interesting to see how the doctors in the royal london were responsible for diagnosing these children with cerebral palsy. These doctors were also responsible for breaking the bad news to these parents which from an observer perspective was really hard and I could not imagine being one of those doctors having to patiently explain to a patient's parent that they were affected by cerebral palsy that will affect not only them but also the parents lives themselves.

On the other hand, I met patients who had cerebral palsy for many years and were teenagers fully dependant on their parents for everything. it was sad but also heartwarming to see how parents had given up their career and dedicated their lives in taking care for these children. It had to take a lot of patience and courage on their part to care for every aspect of wheelchair bound children who were not able to communicate ffectively and with tracheostomies that had to be cleaned out regularly.

Having been part of the team for 2 weeks, I realised that the hospital, being a tertiary paediatric as well as a tertiary trauma centre, was very well equipped with dedicated team members who were very well trained in helping families with children with cerebral palsy. At the clinics, there were not only the doctors of the team but also the nurse, the physiotherapist and also a member of the home care liason team who passed on the doctors feedback regarding the care required for the child at home. It was beautiful to see them work together as each one had a different aspect of the patients care to cater to. The multi-disciplinary team is not something I am new to but it was the first time I had seen it in action in a clinic and the entire team working with the parents to ensure quality of care for the child.

Whilst all the paediatric trauma cases were diagnosed, operated on in emergency and discussed in the trauma meetings, the cerebral palsy kids however were more heavily discussed of in clinics. Their diagnosis was dependant on GP referral letters being sent to The Royal London mainly revolving around the lack of tone or muscle movement development of the child, and the team working on the patients gait in an attempt to encourage them to move their limbs as 'normally' as possible. However,

a failure to improve the symptoms would have resulted in a diagnosis of cerebral palsy for the child and thereon in would have been managed by the team appropriately.

I was pleasantly surprised to understand the heavy involvement of the home team. Most patients had a specific home care team member assigned to them who were responsible for their care and it ensures continuity of care for the patient as well as it makes it easy for each consultant to make changes to their care.

I also had the opportunity to go to ultrasound clinics in which children were brought in to have their hips undergo an ultrasound scan for a possible developmental dysplasia of the hip. I saw a few kids with SPICA casts and some that had them put on in the clinics.

In theatres, majority of elective peadiatric orthopaedic cases revolved either around a removal of a k-wire or fixation from a previous emergency surgery or a tendon release due to complications caused by cerebral palsy in children. One thing that I realised was very different in paediatric orthopaedics was the approach to the surgery. The surgeons had to be extra cautious as children do not have much soft tissue and their structures are a lot smaller than that of adults, leading to the possibility of a higher risk of damage. Another interesting thing to note was that children had anatomy that was a lot cleaner and more like the textbook diagrams that we were used to. It was easier to find and identify major structures - a quality of the sub-speciality that did appeal to me.

Having just completed an elective in the USA, I realised that having registrars who rotate in the various sub-specialities of orthopaedics is useful as they bring in a different perspective to paediatric health care. I found peadiatric orthopaedics particularly fascinating as it gave me a completely different view of orthopaedics in comparison to the trauma orthopaedics I had just completed. It showed me that even though they are both under the orthopaedics field, they required completely different skill sets and techniques. Whilst I found trauma orthopaedics unpredictable and exciting, I settled into a routine rhythm with peadiatric orthopaedics, having to see similar patients and similar procedures across the 2 weeks that I was there.

The paediatric orthopaedic team in the royal london were very heavily teaching oreintated and I loved every aspect of being part of the team and enjoyed myself for the 2 weeks that I was there.