Cathrine MACE
ORTHOPAEDICS

**Report elective Royal Melbourne Hospital (RMH)**
**Australia**

I did my elective in orthopedics and orthogeriatrics at the RMH in Australia. RMH is a leading public hospital established in 1848. It is a teaching hospital in the inner suburbs of Melbourne. It is a tertiary referral center and has one of the largest emergency services in Victoria.

I spend four weeks mainly with the orthopedics team but also had the opportunity to work with the orthogeriatricians and in the emergency department.
My main task was to observe how the Australians optimize the pre-operative and post-operative management of their orthopedics patients. My main focus was on patients with hip fractures.

The main difference between Australia and the UK is that nearly 80% of patients in Australia have private insurance and most of the doctors work in the private sector as well as in the public. My understanding is that this makes the doctors less tolerant of inefficiency as they see how the private service is run. The combination of more money in the system, as the insurance companies share the financial burden with the state, and the fact that doctors take their experiences from efficient privately run hospital to the public, seems to benefit both patients and staff.

My main focus was to follow patient with hip fractures. I would see them before surgery with the registrar, learning how to minimize the risks of surgery. As all the patients I saw were old, they usually had several comorbidities. Common things that needed to be controlled were INR and warfarin medication, diabetes and pacemakers.

I usually followed the patients during surgery and sometimes I was able to assist. I also spend some time talking to the anesthetist, learning about fluid management, insulin sliding scale and pain management. These are all important measures for good postoperative recovery. All the anesthetists were friendly and keen to teach.
I followed up every patient I had seen in surgery on the ward the day after. I joined either the orthopaedic or orthogeriatric ward rounds. I also went on my own to speak to the various patients and to check their notes to monitor progress or any post-operative complications. I was impressed to see how efficient the physiotherapists were working to mobilize the patients after surgery. They always aimed to get the patients out of bed the first day after the operation. This has proven essential for minimizing complication after surgery and encourages early discharge. This was an important learning point that I will take back to the UK. I spend some time talking to the physiotherapists who explained to me why they were more aggressive getting the patients mobilized than in the UK. They don't

take no for an answer and spend time convincing people that they have to get out of bed, even if there is some pain. There is also a higher physiotherapist to patient ratio in Australia than in the UK, which means they have more time with each individual patient.

I followed the patients up on a daily basis and monitored their progress. I went on several ward rounds with the orthogeriatric registrar, seeing the patients with medical co-morbidities and complications. The common complications I learnt about were badly controlled diabetes, infections, hypoxia, drowsiness, delirium and urinary retention.
I was also impressed to see how quickly some of the patients where sent to rehabilitation. Two of the patients I saw, both in their 90s, where sent to rehabilitation just over a week after their operations.

During my placement, I had regular tutorials with the orthopaedic surgeon. We went through a list of common conditions I am likely to meet as an FY1. We divided our teaching session into main topics such as:
Respiratory: (ABO, pneumonia, pneumothorax)
Cardiology: (AMI, unstable cardiac syndromes, AF/flutter, cardiac arrest, hypertension)
Renal: (fluid status assessment, renal failure, medications and renal function)
Neurology: (acute stroke management, delirious patient, dementia disease modification)
These sessions were incredibly useful and relevant especially as the system in Australia and the UK is similar. I feel much more confident starting my FY1 job after having discussed common scenarios. He taught me what you can do over the phone and how you deal with the situation once on the ward.
The other team members were also very keen to teach and easy to approach if I had any questions. I had a long chat with one of the interns and he talked to me about the most common things he was called about and how he dealt with them.

When I wasn't in the hospital, I was able to enjoy the city. Melbourne is quite small and it is easy to explore by foot. The hospital is close to the city and the University. There are many great cafes and restaurants in walking distance from the hospital. I was lucky and lived nearby and could therefore walk everywhere. This was a huge advantage compared to long commutes, which is usually the norm in London. This meant that I had more spare time to explore the city after work in the hospital rather than sitting on the tube.
The Australians are easy going and friendly. Melbourne is a multicultural city. There are lots of European settlers, especially Italians and Greeks. This influences the city greatly and one street in town is nearly entirely Italian. People living in Melbourne are very social and are usually outside all the time, either running, biking or catching up with friends eating or having a coffee. There are lots of small cafes everywhere.

There is a lot to see in Australia, especially wildlife. As the country is big, I think one needs to choose certain parts of the country to visit near your elective site.
I would highly recommend Australia for an elective. It is similar enough to the system in the UK, that the placement is useful for your medical career. At the same time, their system is different and often more efficient which one can learn from. However, there is a lot more to do in Australia than spending time on the wards. There are lovely places to travel to and a great social life to embrace.