

## Elective Report

My elective at Bradford Teaching Hospitals NHS Foundation Trust (formally known as the Bradford Royal Infirmary) began very well and with a lot of excitement because Bradford is a place very close to my heart. Many members of staff were perplexed as to what my affinity to Bradford was, and they were very welcoming when they realised I was a Bradfordian!

The first day was more welcoming as I was greeted by my consultant, Mr James Hahnel, and the rest of the orthopaedic team with a great Yorkshire tradition - a cake festival - and I knew then that I had made the correct decision of not going abroad. I was quickly thrown into the deep end by being in theatre within half an hour of my arrival. The first lesson that was reiterated by Mr Hahnel was the idea of strict infection control when carrying out orthopaedic operations, and this was corroborated by the fact that I was given a quick assessment of scrubbing and gowning, and this was kindly aided by one of the scrub nurses. I was exposed, for the first time, to the closed glove technique. This was the beginning of a steep learning curve for me.

My generous consultant organised for me to attend the 18<sup>th</sup> Yorkshire Hip and Knee course in a very decadent hotel on the outskirts of Leeds for the following three days. I must admit that I was very lucky to be a guest on this course. It was very pleasant to see colleagues from the Royal London Hospital. This course was instructing on how to perform hip and knee joint replacements, and there were a series of talks, one day on the knee and two days on the hips, interspersed with practical sessions, which were facilitated and supported by a distinguished faculty.

In relation to the lectures itself, I very much enjoyed all the talks as this was all new material to me, however above all I enjoyed several lectures; the basic surgical technique lecture by Mr Sameh Sidhom, who outlined the knee replacement in a more general capacity. I enjoyed Mr Veysi Veysi's talk on the varus knee which is the most common deformity. In respect to the hip programme, which took place over the final two days, this report would not be complete without mentioning Mr Hahnel's lecture on the Hardinge approach. I learned how this approach was more favourable in alcoholic and demented patients as they are more prone to dislocations, however one of the draw backs were that the acetabulum is more difficult to view. It was very fascinating and made the subsequent weeks easier to comprehend by being exposed to technical jargon such as offset, flexion extension gap and other relevant clinical anatomy. The lecture that I could relate to the most was the least technical in nature entitled theatre safety by Mr Mark Emerton who honed in on the idea of communication being paramount, and this would be promoted by checklists, in reducing the number of errors occurring in theatre.

The practical aspect of the course was very useful, as I did spend a lot of time of my elective time in theatres, and the lectures quite fittingly were translated into the practical sessions. This was my first opportunity to use reamers, drills, implants, cemented and uncemented cups and stems and more

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importantly I was taught how to use these effectively. I think all the delegates were quite lucky to have such a good team to facilitate these sessions. The end of the course, however, filled most of the delegates with fear and trepidation as the end-of-course exam took place prior to certificates being handed out. The three minute exam taught a very sobering lesson to all the doctors taking future exams which was essentially to read the instructions. A very important lesson in orthopaedic surgery. The whole cohort failed although a couple came very close to passing.

Moreover, I had the opportunity of meeting other delegates, all who had a very amiable disposition and were very keen to impart their knowledge and advice to the only medical student on the course. This was invaluable. The following week I was armed with a lot of information to appreciate the theatre lists. I immersed myself as much as possible in the operations and was taught through each procedure by Mr Hahnel. I must add that I did learn a tremendous amount regarding theatre discipline and I became more proficient in following the procedures which culminated in being appointed first assistant which was very useful. It is very important to have a competent first assistant when carrying out hip arthroplasties as this will affect the ~~degree of varus/valgus~~. I was also tutored in the science of arthroscopy, and I feel that I was lucky to have this opportunity as I have viewed this procedure on many occasions, but doing it first hand was completely different. *→ overall outcome*

When outside of theatre I was given a lot of advice in preparation for the foundation year programme by writing in the notes of patients for example. I also had the opportunity to shadow the trauma SHO on-call and this provided me with a deeper insight of life as a house officer. The clinics that I attended were very instructive as again I was kindly tutored during these clinic sessions. These sessions highlighted doctor-patient communication interplay and I witnessed first-hand how effective communication allayed patients fears and also how it instilled confidence in the patients towards Mr Hahnel as the operating surgeon. This was exemplified by one of the patients who I was familiar with who did not speak any English but the consultation ended with a very satisfied patient who will be undergoing a knee replacement in the very near future.

Ultimately, my time at the Bradford Teaching Hospitals NHS Foundation Trust was a very valuable experience in terms of being in a hospital with a high immigrant population, the majority of whom do not speak any English. I thoroughly enjoyed being part of the orthopaedic team, especially during the trauma meetings in the morning which was full of terrible orthopaedic jokes. I really liked being included in Mr Hahnel's team and I hope I managed to contribute. I feel I did in one particular case when there was confusion as to where to place the ECG stickers on a patient post-CPR. Luckily, I had done this in my final OSCEs a few weeks previously!

The elective undoubtedly reaffirmed the idea of pursuing orthopaedics as a possible surgical career, but I have been told that there are a lot of obstacles to overcome such as performing hundreds of procedures. This, I look forward to very much.

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