

How I got into Orthopaedics

Simon Fleming



Foreword

It was during the British Orthopaedic Trainees Association (BOTA) meeting at the British Orthopaedic Association Congress (2014) that *How I Got Into Orthopaedics* was born. A discussion had begun about the recruitment crisis in surgery, from core all the way to Trauma and Orthopaedics (T&O) higher surgical training. It was motivated by a realization, supported by a lot of depressing graphs, editorials and competition ratios, that demonstrated that fewer and fewer people want to be surgeons and this is being reflected in core surgical trainee recruitment and retention. A conversation began on trying to identify what it was that enthused members of the BOTA committee to become Trauma and Orthopaedic surgeons. What had inspired us; what had made us choose this life over others? The ramifications of this recruitment and retention issue are being seen across the surgical spectrum and it was this issue we felt a deep need to do something about.

It was then that Mustafa Rashid, then BOTA Vice President, now President, came up with the solution. He recognized that during our conversations, there were some common themes, such as inspirational mentors, non-linear career paths, personal focus and the like. He also recognized that there were some very individual, very personal aspects to all of our stories – and so *How I Got Into Orthopaedics* began; his idea, a project to compile a collection of tales of how each one of us had ended up where we were and, more importantly, who had inspired and motivated us along the way.

It was therefore a huge honour when I was allocated the envious task of collating these sagas into something that, hopefully, might inspire others to follow us into a career we love. When asked, I expected a lot of “I’ve always been a ‘pod’”. I’m self motivated and I cracked on and look how awesome I am and me, me, me...” I was so pleased to find out how wrong I was.

Each person who was kind and honest enough to share their personal journey has walked an individual path. They have all overcome their own challenges and setbacks. No one person’s

Simon Fleming MBBS MRCS M.Sc FRSA MACadMED MFSTEd AFHEA Vice President, British Orthopaedic Trainees Association, Queens Hospital, Rom Valley Way, Romford, Essex RM7 0AG, UK and Editor of *How I got into Orthopaedics*.

story is quite the same and hopefully, for those who have yet to choose their future career, one will ring true.

Without the contributors’ open and passionate narratives, we would not have this amazing body of work and for that, I am especially grateful. For those of us who are already in T&O, whether trainee or not, I hope that some of these stories will remind you of what you went through, all the help and nurturing you received and maybe, just maybe, will encourage you to go that extra mile to share just a fraction of your love for T&O with your juniors, whether student, foundation or core.

More importantly, for those of you who are not yet surgical or T&O trainees, I hope that you read these and think that maybe, just maybe, if we can do it...so can you.

I hope you enjoy reading this as much as I enjoyed putting this together. ◆

How I got into orthopaedics — Sara Dorman: My story

Sara Dorman



It’s difficult to remember a defining moment when I decided I wanted to be an Orthopod. In fact, throughout my school years, I was adamant I wanted to be an English teacher. My A-levels weren’t exactly geared for medicine, with English, Home Economics, Chemistry and Biology. However in my final school year, despite discouraging advice from my parents and mentors, I applied for medicine.

It became quite clear to me, early on, that I was destined for a career in a practical speciality, probably due to my impatient nature and the need to see results quickly (probably a good job I decided against teaching!).

I decided that I was going to pursue surgery and that doing a BSc in Anatomy and Forensic Anthropology would probably be a good move. During this year, I was taught by an eccentric American anatomy professor who had the most fantastic way of describing anatomy. I got hands-on cadaveric experience at dissection, taught by surgeons, and through forensic anthropology learnt about trauma, disaster surgery, skeletal pathology and non-accidental injuries.

Sara Dorman MBChB BSc (Hons) MRCSd Specialist Registrar (ST4), Leighton Hospital, Middlewich Road, Crewe, CW14QJ, UK.

By this point, I was fairly certain that orthopaedics was the right surgical speciality for me, but I wanted to be sure. As a result, I undertook a surgical medical student elective in rural Zambia. This was the first chance I got to feel like a real doctor, performing manipulations of fractures, minor general surgical procedures, management of polytrauma patients and I even delivered my first baby!

In my final year of medical school, we were allowed to undertake student selected components. I didn't like the look of any of the ones offered by the medical school and sought opportunities to create my own. As a result, I independently arranged an exchange programme and spent a month in Kathmandu, studying musculoskeletal radiology.

After graduation, I arranged a one-month placement during the summer holidays in Malawi at the Beit Cure Paediatric Orthopaedic Hospital and Queens Trauma Centre in Blantyre. This was a fantastic placement, and one that secured my desire to pursue orthopaedics. I worked with Professor Mkandwire, who, at the time, was the only Malawian orthopaedic surgeon in the entire country. He performed every type of operation you could imagine including life changing thoracotomies and spinal surgery for tuberculosis, in a challenging and austere environment.

I started my Foundation training in Scotland and I chose my jobs around surgical specialities, doing orthopaedics, general surgery, obstetrics and gynaecology, rheumatology, accident and emergency and geriatric rehabilitation.

Again, I sought to make the most of my study leave and independently arranged taster weeks at the Royal National Orthopaedic Hospital, Stanmore. Here, I saw incredible limb salvage surgeries, including rotationplasty and total femur replacements. I also arranged taster weeks in Queens Hospital, Birmingham, with Professor Porter, where I had the opportunity to assist with military polytrauma casualties arriving back from Camp Bastion, Afghanistan.

I later received my Core Surgical number in Mersey Deanery. I was fortunate to negotiate placements in paediatrics orthopaedics, neurosurgical spine, trauma and limb reconstruction. Here, I had the opportunity to learn from some of the world's leaders in limb reconstruction and open fractures.

Along my path, I have met many influential and inspiring orthopaedic surgeons who helped make my decision easy. However, I believe I ended up in orthopaedics by trying everything available and creating my own opportunities for new experiences. Going into a surgical career demands dedication, hard work and perseverance.

There will undoubtedly be times when you wonder whether you made the right decision. However, if I were given the choice again, I would still, without doubt, choose orthopaedics.

My advice

- Don't be afraid to ask for opportunities
- Use your initiative and create your own opportunities
- Try all the surgical specialities you can – it will help you confirm your decision and will make you a better surgeon in the long run
- Find a mentor



How I got into orthopaedics — Peter Smitham: My story

Peter Smitham



As a teenager, I always hated the question “What do you want to do when you leave school?” I would answer by saying I wanted to be a vet because I am allergic to animal hair and felt it was the one thing I could never be. I first considered a medical career after seeing my mother's transformation after her surgery.

Exploring this option further, I asked the local GP why he went into medicine and his response was “Because I thought I would be good at it.” A work shadowing experience during my A-levels cemented the idea. Seeing the fun, caring attitude and team spirit the nurses, physiotherapists and doctors had with each other and with the patients confirmed my thoughts.

A gap-year teaching deaf and blind children in India, with a short stay in an Indian public hospital, gave me a passion for travelling and opened my eyes to the differences in healthcare around the world. University was spent enjoying any travelling opportunities available, buying a Landrover and driving from Bristol to Ghana and studying acupuncture in Taiwan. But back home, I enjoyed the surgical specialities the most; mixing the diagnostic opportunities and the ability for surgeons to often provide both medical and surgical solutions.

I arrived to start my first job as a House Officer, racking up 120 hours on a bad week. It was tough juggling relationships and extracurricular activities, however, as we all worked and played hard, it was a great experience.

Orthopaedics became the most obvious option during my House Officer years, at the Avon Orthopaedic Centre. Within a few weeks of starting, the registrar for the firm decided he did not want to do another arthroplasty job and so elective lists were spent with me being first assistant, running between cases to finish ward paperwork and on-calls, contacting Mr. Smith for any management issues. Nevertheless, I felt supported. Mr. Bannister provided Monday lunchtime teaching on orthopaedic principles and plaster techniques to all the House Officers, in a fun and lively manner.

After an accident and emergency attachment, I moved to the Hammersmith BST Rotation. I enjoyed all the surgical firms. I

Peter Smitham PhD FRCS (Tr & Orth) Trauma and Arthroplasty Fellow,
Department of Orthopaedics and Trauma, Level 4 Bice Building, Royal
Adelaide Hospital, North Terrace, Adelaide, SA 5000, Australia.