

King's College London (KCH) offered me a 5-week clinical attachment to the Department of Orthopaedics and Trauma. This was my first time travelling to the overseas alone and working in a hospital in another country. Therefore, after the elective, not only have I broadened my horizon and had a deeper understanding of the UK medical system, more importantly was that I had some personal growth. Such of an experience is too valuable that in retrospect, I am glad that I made the decision to have my elective outside Hong Kong and I think these 5 weeks perfectly conclude my student life.

During my stay in KCH, as my supervisor was a consultant orthopaedics surgeon specializing in hip and knee joint replacement, I had a lot of chances to observe Mr Kumar seeing his patients in the out-patient clinic and also assist in doing joint replacement surgeries. As I did not have the chance to follow the joint team during my orthopaedics specialty clerkship, everything became new to me. What Mr Kumar did during the out-patient consultation was similar to those doctors in Hong Kong, for example, taking history and performing physical examination. However, the setting there, the number of patients and the duration of the consultation were those that made a difference between the medical system in UK and that in Hong Kong. Doctors in UK were required to invite the patient to enter the consultation room and get their medical records by themselves. It was so nice of them to be willing to shake hands with and greet every single patient before the consultation started. Such simple act may seem very basic and meaningless, however, I believed that it helped kick off a nice opening for the coming consultation as the patient would be able to feel that the doctor was going to treat a person instead of just another similar case. Moreover, as the number of patients a doctor had to see was far less than that in Hong Kong, doctors in UK could spend more quality time with each of their patients and patients were also more eager to raise their concerns and worries during the consultation. Although I understood that it was practically difficult to have such allowance in Hong Kong due to the overwhelming amount of patients, it would be nice if doctors and patients in Hong Kong could have more communication so that the relationship between the two would be better with less misunderstandings.

Apart from the out-patient clinic, during my entire elective, I should have assisted in almost 10 joint replacement surgeries with Mr Kumar in Orpington Hospital. The first surgery I saw there was a knee joint replacement for an elderly man. Although I was not so clear about the procedure of the surgery at the beginning, Mr Kumar was kind enough to let me scrub in so that I could see the anatomy of the knee clearly and then he taught me through the whole surgery to make sure that I understand what was going on. As a result, not only did I first realize what exactly was a knee joint replacement surgery, I also got more confident in myself in helping the surgeons and being part of the operating team. I learnt the steps for joint replacement, the names of the surgical instruments used and the types of sutures required for closure at the end. Such learning experiences were so valuable to me that they compensated for my lack of exposure during specialty clerkship and got me prepared to be an orthopaedic intern as I might need to assist as well.

Besides shadowing Mr Kumar, one of the highlights of my elective was that I also had the chance to follow surgeons from the trauma team and again assist in various surgeries to fix the fractures. Every day there was a trauma team meeting in the morning, during which doctors would present all trauma call cases just admitted to the hospital and pre-operative cases. At the end, they would also review the intra-operative X-ray images of surgeries did the day before and together evaluate how were the surgeries. This meeting was a very fruitful learning opportunity for me as I could learn to view different imaging of fractures and the plan of management. Moreover, I could also recognize what were the differences between the trauma cases in Hong Kong and that in UK. Because of the aging population in Hong Kong, not a small amount of trauma cases here were elderly patients with colles fractures, hip fracture and etc. However, according to the doctors there in UK, as not many elderly live near central London and with the prevalence of cycling there, many trauma patients were actually middle-aged men/women with fractured femur/tibia/fibula. In addition,

due to the high-energy injury, most of the cases were multiple site fractures. In light of that, I had the opportunities to assist in various trauma surgeries and sometimes went to St Thomas' Hospital to see the plastic surgery. As no one fracture is exactly the same as another, I enjoyed so much whenever the surgeons tried to fix the fracture specifically and precisely for the patient. In addition, I was so lucky that the surgeons allow me to use a powered driver to drill holes for the screws and also use the screw driver to put in screws for internal fixation. These steps sounded small but I was already more than happy to be able to have such firsthand experiences.

Apart from the nice experiences mentioned above, the biggest challenge I encountered during my elective was that I found it very difficult for me to understand fully what every doctor was talking about. It was because London was a very ethnically divergent city and doctors in KCH actually came from different parts of the world, e.g. India, Greece, Italy, etc. with their sophisticated accent. Additionally, since most of them spoke very fast, it indeed took me some time to figure out what were the doctors talking about at the beginning. Another pity was that as in UK the spine team was not under the Department of Orthopaedics but under the Department of Neurosurgery instead, I did not have the chance to observe any spinal surgery during my stay in KCH. Nonetheless, despite of these two drawbacks, KCH was the perfect place for medical students to have elective as all the doctors there were extraordinarily nice that they were so willing to teach and give you opportunities to assist in every surgery. It was for the first time in my student life that I felt being respected as a colleague instead of just a medical student. I am truly thankful for what I have learnt during these 5 weeks.