

Guidelines for T & O TPDs relating to overseas placements in low resource settings

Placements in low resource settings offer several benefits to UK trainees and the receiving institution alike. The trainee gains perspective of the challenges faced by surgeons due to severe, neglected pathology and how they are managed without easy access to the equipment and implants we take for granted in the UK. Trainees consistently become energised and inspired by such an opportunity, and their collaboration with local surgeons in sharing clinical perspective, evidenced-based solutions and mentorship routinely has a positive impact on the host institution.

The volume of cases and the case mix seen in austere environments means that UK trainees will have exposure to:

- a. Advanced pathology of common orthopaedic conditions such as osteoarthritis and orthopaedic oncology
- b. Neglected trauma
- c. Musculoskeletal manifestations of diseases such as TB or sickle cell anaemia, which are seen infrequently in the UK
- d. Unusual conditions rarely found in the UK, such as hydatid cyst of bone

UK trainees are able to learn about these conditions under appropriate supervision, either from visiting UK surgeons or from local surgeons.

It is expected that the following skills will be enhanced:

- a. Clinical examination skills
- b. Diagnostic skills
- c. Decision-making and clinical judgement; particularly the ability to take into account factors which are not always considered in the UK, e.g. availability of resources, cultural preferences and financial circumstances.
- d. Operative skills; there may be opportunity for UK trainees to operate whilst in low resource settings, although it is expected that this will be only in the capacity of an assistant, to avoid depleting the experience of local trainees.

In addition to the above, trainees may expect to enhance their non-technical skills in such environments, particularly communication skills, situational awareness, and awareness of cultural diversity. Trainees will be expected to appreciate the wider healthcare environment, e.g. how the availability of a water supply affects the ability to operate, and the need to prioritise cases.

The benefits to training described above may be evidenced by the usual tools on ISCP portfolio, e.g. workplace-based assessments, logbook, reflective journal and MSF.

The following objectives are suggested:

Short term placements (up to 6 weeks):

- i. One or two CbDs per week
- ii. One CEX per week
- iii. Logbook as appropriate
- iv. Local presentation of placement report

Long term placements:

- i. One or two CbDs per week
- ii. One CEX per week

- iii. One or two critical CbDs during the placement
- iv. One research or quality improvement project in collaboration with local trainees
- v. Logbook as appropriate
- vi. One or two local MSF raters if placement longer than 3 months
- vii. Local presentation of placement report

Study leave:

In keeping with the recent changes to the study leave process in the UK, short term placements may be regarded as aspirational. It is suggested that up to 2 weeks in a low resource setting may be approved as study leave.

Further information:

<https://static1.squarespace.com/static/5754924bf8baf31c273be5e0/t/57685fea725e25d6e06b907b/1466458091519/BOTA+WOC+guidelines+1%262.pdf>