

## Real-life story - Miss Emily Baird

Miss Emily Baird works at the Royal Hospital for Sick Children, Edinburgh as a consultant in trauma and orthopaedic surgery (T&O).

### Miss Emily Baird

#### Consultant in trauma and orthopaedic surgery

##### Employer or university

Royal Hospital for Sick Children, Edinburgh



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**How I got into  
the role**

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During my medical degree at the University of Edinburgh I found I had a real affinity with anatomy. In my third year I decided that T&O surgery was the career for me, as I enjoyed the physical and practical aspects of the specialty, as well as the anatomy.

I made the most of opportunities to gain T&O experience whilst still at medical school. I arranged an “elective” in Australia, which enabled me to spend a total of ten weeks in two different T&O units. I also chose a student-selected module which looked at bone tumours.

During my undergraduate clinical placements I learnt how to examine different parts of the body such as the knee and ankle. I was able to see how T&O surgery can treat visible problems and change someone’s life almost instantly.

After medical school I secured junior doctor posts that included T&O surgery, and gained invaluable experience providing pre and post-operative care on the wards. I also worked in the outpatients’ clinics and took every opportunity to observe and assist in the operating theatre.

I then successfully applied for a training post in T&O surgery.

The training post involved 14 different rotations, over 7 years, in several hospitals in the West of Scotland, each lasting six months. 13 were in T&O surgery, and one was in neurosurgery. This wide variety of practice in different hospitals provided extensive experience.

It was a placement in a children’s hospital towards the end of my specialist training that made me decide on paediatric T&O as my sub-specialty. I immediately loved the warm and welcoming atmosphere in the hospital, and working with children.

During my training I was president of the British Orthopaedic Trainees’ Association, which was a fantastic experience and helped me gain a post as a consultant.

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**What I do**

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As I’m now mother to a baby boy, I have opted to work as a consultant three days a week. I have one half-day theatre list each week, when my day starts at 7.30 am. This allows me time to see my patients before their operations.

I operate on babies and children up to 16, with a wide range of conditions. My theatre list comprises patients needing “elective” or planned surgery. Typical operations include surgery for a dislocated hip or a club foot, and are often carried out during infancy. Some children may need several operations for their condition during their childhood.

A typical half day’s surgery usually involves three different operations, starting at 8.45 am and finishing at around 1 pm.

The other main part of my job is leading three half-day outpatients’ clinics each week. I see around eight patients referred by their GPs in two of the clinics, and the third is a fracture clinic.

Work in clinic involves taking a detailed history, performing physical examinations, requesting imaging such as X rays, followed by a diagnosis and treatment plan.

Before surgery I always have a long meeting with the patient and their parents in the outpatients’ clinic. I provide detailed information on the procedures involved, and these initial meetings are often part of a long-term relationship with the family.

I also work a 1 in 6 on-call rota, which for me means I must be available one weekend every six weeks. I review all our inpatients and operate on trauma cases, which in the case of children, tend to be accidents incurred whilst playing outdoors, so the work-load is often weather-dependent!

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### **The best bits and challenges**

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Whatever you are doing, be in clinic, ward or theatre work there are always opportunities to teach and train junior doctors and medical students. I find it very rewarding to see the junior staff improve their skills as we work together.

Parents are sometimes understandably reluctant about their child undergoing surgery. One of my challenges is to ensure that parents have the correct information to make informed choices about their child’s care, and at times, reassure parents that surgery is in their child’s best interests.

Operating on babies and children has its technical challenges as they are smaller! Within T&O surgery you also need a breadth of anatomical and procedural knowledge which can also be a challenge.

The work can be physically demanding, for example if you are manipulating a broken leg or arm. However, there is no reason why T&O surgeons cannot be petite providing you use the right techniques.

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**Life outside work**  
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Working three days a week enables me to have a great work life balance. My day starts between 7.30 and 8 am and I am able to leave by 5.30 pm to be home for my baby. I'm so fortunate to be part of a supportive team, who also have young families and understand childcare issues. I sometimes have to say no to extra commitments such as research, although this goes against my inclination to say 'yes' to all projects!. In the evenings I might catch up on work-related reading.

Keeping fit is important in this job, so I try to attend Pilates classes twice a week.

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**Career plans and top tips for others**  
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In a few months I will be going to Canada for a six-month T&O fellowship with my husband and son. This is a great opportunity, and will give me additional experience in the field of cerebral palsy, which I can bring back to my job here at Edinburgh.

### **Top tips**

- always go beyond what is required of you and the more teaching you can do the better
- speak to people who have had orthopaedic conditions and see how surgery has made a difference to their lives
- don't be put off by the orthopaedic stereotype – we are a varied and friendly bunch

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