

**"I really love seeing happy children after their operations, and knowing that their parents are also satisfied is extremely rewarding."**

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

## **Miss Emily Baird**

### **Consultant in trauma and orthopaedic (T&O) surgery**

#### **Employer or university**

Royal Hospital for Children and Young People, Edinburgh



### **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 musculoskeletal anatomy. When I went on clinical placements in my third year I was inspired by the work the orthopaedic team were doing, and the gratifyingly speedy results from surgery, whether it be fixing a broken arm or replacing an arthritic hip. I also realised very quickly that the operating theatre was my favourite part of the hospital and I observed how complex teams interact to care for patients.

I made the most of opportunities to gain T&O experience whilst still at medical school, spending additional time on the wards and in theatre, performing research into bone tumours as part of my 'student-selected module' and spending ten weeks in two Australian orthopaedic units as part of my 'elective'. All of that strengthened my passion for orthopaedics.

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 outpatient clinics, learning to take an orthopaedic history and examine patients' joints, and took every opportunity to 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 seven years, in several hospitals in the West of Scotland, each lasting six months. Thirteen were in T&O surgery, and one was in neurosurgery. This wide variety of practice in different hospitals provided extensive experience in the generality of the specialty.

A placement at Yorkhill Children's Hospital towards the end of my specialist training changed the direction of my career. Until that point I had not considered paediatric orthopaedics as a sub-specialty, but I was hooked! I witnessed the relationships that are built up between children, their families and staff members and the impact that T&O surgery has on a child's life. The surgery itself is fascinating and extremely varied, and no day is remotely like the next.

After that I worked towards getting a consultant post in paediatric orthopaedics. I went on Fellowships to Edinburgh's Royal Hospital for Sick Children and the Sick Kids Hospital in Toronto, and visited units such as Boston Children's and Texas Scottish Rite in Dallas to gain more experience. I have always been interested in medical training and education and I was the President of the British Orthopaedic Trainees' Association during my training.

## **What I do**

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I have been a consultant at the Royal Hospital for Children and Young People since 2015. I have a young family and I have opted to work less than part time, which works out at four days a week, including my on-call commitments.

I have an 'elective' or planned surgery theatre list once a fortnight, and on those days I start work at 7.30am to allow me to see the patients before their operations.

I operate on babies and children up to age 16 with a wide range of conditions. Typical operations include surgery for a dislocated hip or a clubfoot, and are often carried out during infancy. A theatre list could have anywhere from two to six patients on it, as each

operation can last anywhere from 1- 5 hours.

The other main part of my job is leading two half-day outpatients' clinics each week. I see around 12 patients referred by their GPs in my elective <sup>[1]</sup> clinics, and the other is a fracture clinic. Work in clinic involves taking a detailed history, performing physical examinations, requesting imaging such as x-rays, followed by formulating a diagnosis and treatment plan. I work alongside nurses, specialty doctors, specialist physiotherapists, orthotists and orthopaedic practitioners. It is really a team game.

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 8 on-call rota, which for me means I must be available one weekend every eight weeks, and every other Monday. I review all our inpatients and operate on trauma cases, which in the case of children, tend to be caused by accidents whilst playing outdoors, so the work-load is often weather-dependent! The most common operation is fixing an elbow fracture. Without surgery, the child may have a deformed arm for the rest of their life and there can be complications involving the blood vessels and nerve supply to the arm. Putting everything back in place is extremely satisfying, and caring for a child and family (who are often very anxious) and discharging them home the following day is very rewarding.

A large part of my job is training more junior surgeons - a task I relish.

## **The best bits and challenges**

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Whatever you are doing, whether in clinic or doing 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 clearly much smaller, and the anatomy, for example the blood supply around the hip, can be very delicate. It is challenging to combine delicate surgery with the more physically

demanding tasks, such as manipulating a broken leg or arm. However, it's a myth that T&O surgeons need huge strength; it's all about technique!

## **Life outside work**

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Working less than full time enables me to have a great work life balance. My day starts between 7.30 and 8am and I am able to leave by 5.30pm to be home for my family. 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, although this goes against my inclination to say "yes" to all projects!

Once the kids are in bed, my evenings are devoted to cooking and eating good food, exercise such as running, barre and spinning, and getting to bed as early as life admin will allow.

## **Career plans and top tips for others**

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I hope to be able to continue my job in Edinburgh and develop services for paediatric trauma, foot and hip surgery alongside my colleagues. My passion for education will hopefully manifest in more teaching roles and responsibilities, and I have a developing interest in non-technical skill training, mentorship and well-being.

My top tips are:

- 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 any orthopaedic stereotypes you might hear about. We are a varied and friendly bunch
- if you're interested in T&O surgery as a career please get in touch with your local surgeons, or you can contact me on Twitter [@emilyjanebaird](https://twitter.com/emilyjanebaird) [2]

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#### **Links**

[1] <https://www.healthcareers.nhs.uk/glossary#Elective> [2] <https://twitter.com/emilyjanebaird>