

Denver Health Center Short Term Trauma Fellowship

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As a third year trauma and orthopaedic specialist registrar, with a developing interest in trauma, I felt that the timing was right to apply for an AO short-term trauma fellowship. The fellowships can be undertaken anywhere in the world and so I needed to devise some selection criteria. English had to be the main language of communication. I wanted to experience a high trauma workload, preferably different to that seen in the UK. Finally, my wife agreed to the fellowship as long as it was reasonably safe and she could join me at the end for a holiday.

I narrowed the destinations down to Australia, Canada and the USA. Having visited both Canada and Australia previously I decided that a non-Common Wealth health care system would provide an interesting experience. Finally, I chose Denver on the advice of a trauma consultant and previous AO fellow from Wessex.

Denver Health Medical Center houses the Rocky Mountain Regional Trauma Center and is a tertiary referral service for the polytraumatised patient. It has 349 beds, five orthopaedic trauma surgeons and performs 4,000 orthopaedic trauma operations per year. They operate on 800 pelvic fractures, 800 upper limbs and 400 spines per year.

Denver is located just to the East of the Rocky Mountains. It has 300 days of sunshine per year and some of the best skiing in the world. It met with my wife's approval.

I flew from Heathrow airport to Toronto and then on to Denver. The journey took about fifteen hours. After eventually locating my misplaced bags at the airport I caught a taxi to the 'fellow's house'. It is a two bedroom house with laundry and cooking facilities within three minutes walk of Denver Health Medical Center.

On Monday morning I attended the seven O'clock trauma meeting and met the surgeons. This was followed by a brief induction and tour of the hospital. I was provided with a pager, mobile phone and internet access. This allowed constant two way contact with the trauma team in the event of an interesting admission.

The working day usually started at five O'clock with an intern's ward round and then registrar teaching at half past six. The teaching was varied, covering a variety of sports medicine, spinal cases and trauma journal review and discussion. At seven O'clock the trauma conference started. Every patient whom had been referred or admitted over the previous 24 hours was discussed. This was followed by a review of all the post operative x-rays. I found this to be an excellent learning opportunity because every decision was critiqued and justified with literature evidence. The evidence based knowledge was admirable throughout all the grades of doctors.

Once the trauma debates had died down there was always time for coffee and a doughnut before heading off to theatre or clinic.

Theatres were well organized with a central white board listing all of the planned operations for the day. This allowed a rare opportunity to pick and choose the most interesting cases to attend. From the outset of the fellowship I was made to feel welcome and encouraged to observe or scrub and assist in any procedure that interested me. On the rare occasion that theatres were quiet I was welcome to visit the fracture clinics and observe and discuss patient management. The emergency room always provided an alternative source of interesting trauma cases.

Every Wednesday morning I attended the University residents teaching programme. It took place from 7-9.30am. The complimentary burger and coffee took some getting used to but the lectures were always of high quality. Often, the lectures were followed by a saw bone workshop hosted by one of the implant reps.

Another facility that I was fortunate to use was the newly created micro-vascular laboratory. Formal micro-vascular courses were held each month. I was invited to visit and practice microsurgery techniques and skills under the microscope.

In addition to the work I managed to fit in three excellent days skiing in the Rocky Mountains and a trip to the local museum. One of the highlights had to be tickets to see the National Western rodeo. Every year one of the trauma consultants dons a cowboy hat, boots and waistcoat and then volunteers his services to patch up the cowboys thrown off the bucking bulls. He gave a behind the scenes tour of the rodeo and medical facilities.

Over the course of the four week fellowship I observed and assisted in 72 operations.

I would like to thank the Royal College of Surgeons and Physicians of Glasgow for the traveling grant which helped make the fellowship possible. I feel that in a short space of time I have gained a greater knowledge of 'damage control orthopaedics', witnessed new operations, made new friends and nurtured a love for doughnuts and coffee. I would highly recommend this fellowship to anyone interested in a career in orthopaedic trauma surgery.

Mr J M Lloyd
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