



Dr. Xu Yali
Cheng Yu Tong Fellowship
Division of Hand & Foot Surgery
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Working Hospital The Third Hospital of Hebei Medical University

Report

Since I got my Master Degree in 2004, I have been a hand surgeon for 15 years in the 3rd Hospital of Hebei Medical University, which is quite famous for its orthopaedics. As an important branch of orthopaedics, our hand surgery department plays an important role in treating those patients with hand or upper extremity injuries, including skin, tendon and muscle, bone and joint, vessel, and peripheral nerve etc. We have some experiences dealing with these cases. But, with the improvement of mechanization and the coming aging society, the number of patients with hand diseases are increasing and some are still challenging for us. I heard about Cheng Yu Tung Fellowship from a previous fellow of this program, also my friend. She said she got a lot from this special experience. I was very interested and applied for it. Fortunately, I was rewarded and came to Hong Kong at 1st Sep, 2019.

At the beginning, all of our members worried about not only the journey but also the clinical activities because of the special situation of current HK. Here, I appreciate especially for Elaine So and Doris Lau. With their kindly help and suggestions, we arrived our Y-loft at 1st September and reported to Li Ka Shing Faculty of Medicine of HKU next day as scheduled. A warm welcome meeting impressed me a lot and made me feel safety. Everything was arranged well and I met my supervisor Dr. Ip WP at O&T in The Duchess of Kent Children's Hospital. Later, warmhearted Doris gave me a detailed schedule showing me clearly what we do every day per week. I was guided into work state soon and smoothly.

In general, each week, my clinical work mainly includes these parts as below: doing operations in operation theatre of The Duchess of Kent Children's Hospital (DKCH) or Queen Mary Hospital (QMH) at all day of Monday and Tuesday, sometime Friday; grand ward round and clinical conference in Wednesday morning at QMH; special clinic with physical and occupational therapists at QMH in Wednesday afternoon; special clinic with physical and occupational therapists at David Trench Rehabilitation Center (DTCH) in Thursday morning; congenital deformity and cerebral palsy clinic at DKCH in Friday; and interhospital academic meeting in Saturday morning.

Firstly, I was amazed by the advanced, convenient instruments for basic hand operations and those for special ones as well. There were, for example, many forceps, retractors, and scissors of different size and different shape to meet the different need of operation. Besides this hardware, collaboration is believed to be more important to successful team work. All people in the O&T theatre even including those assistants worked seriously and actively. The nice, skilled nursing cooperation helped surgeon perform much more effectively and precisely, cared patients well, and made the whole process safety. They followed the discipline strictly and do what they should do without any compromise. Their spirit and enthusiasm

impressed me a lot. Patients' anxiety before surgery were well cared and eased. People oriented medical service was well interpreted and performed everywhere. Although doctors in mainland work intensively due to the large quantity of patients, this humanistic management is what we pursue in the future. There is still a long way to go.

Secondly, in the outpatient clinic at DKCH in Friday, I saw many cases with cerebral palsy. With Dr Ip's help, their conditions have been greatly improved not only in terms of self-care, personal hygiene but also in their limb function. After a series of operations and pre-op, post-op rehabilitation, they can even work. Integration into the society helped them realize their self-value, and enhance their self-confidence as well. I learned some knowledge about cerebral palsy of upper extremity, which has never been developed in our hospital. Because of my short period as a fellow, I couldn't grasp all the theories and techniques about this palsy, but I believe a new door has been opened for me to explore further. Communication and connection with Dr Ip will benefit hand surgeons in both our hospital and our province, then consequently benefit our patients in the end.

Another thing impressed me deeply was the special clinic, which patients were arranged to see hand surgeon, i.e. Dr Ip, physiotherapist and occupational therapist at the same time. Most patients with stitches were arranged at QMH, and when the stitch was off, they were usually referred to DTRC if their condition allowed. So, the early rehabilitation plan shortly after operation, and the subsequent program to restore further and to help them go back to work can be made based on the suggestion of Doctors, PT and OT. They consulted each other in the mean time and provided the best suggestion to the patient. The most prominent advantage of this kind of special clinic is that it can avoid misunderstanding of each other, especial when PT and OT couldn't totally understand what procedure had been done, they might give some program which is not permitted by the surgeon because of the possibility of leading to failure of operation. In addition, PT and OT can give Doctor more practical, effective methods or program helping patients restore better and sooner. The perfect cooperation is wonderful for patients' recovery. I hope when I come back, we can imitate this clinic model to improve our overall results of operation. Of course, development of rehabilitation is also critical.

When I first went to the PT and OT departments of DTRC, I was surprised at those professional and advanced equipment and facilities for rehabilitation. Kind Dr Ip introduced me to the PT and OT staffs. I had the opportunity to visit their workshop, communicated with patients and therapist, and learned how to use those exquisite machines. I was totally astonished by what they were doing. From the satisfied smile I see in the patient's face, I realized that these programs were quite effective. This developed rehabilitation is definitely public welfare for HK citizens. In mainland, neither common people nor surgeons paid enough attention to rehabilitation. It is undoubted that good operation technique associated with subsequent effective rehabilitation is the right way to make patients live better.

There was a consistent grand ward round in each Wednesday morning unless Dr Ip was on leave. After young surgeon reported in PPT what had been done during the past week, Dr Ip would make some beneficial comments, from the specific procedure clarification to any other possible alternatives and their advantages/disadvantages, i.e. the reason of our selection and so on. Post-operative treatment was discussed with PT and OT at the same time. Each case was regarded as an important one, no one being neglected. From discussion and comments, I learned not only how we do the operation but also why we do it. The latter is supposed to be more crucial than the former due to its value for cultivating the rigorous

clinical thinking.

Interhospital meeting of orthopaedics was held by different hospital every Saturday. I participated some of them related to my major and got a lot. I was impressed by the active academic atmosphere of the conference. Free discussion, comments even argues made audience think or be inspired, rather than listen passively. It is reasonable that this contributes a lot to HK medical development.

At last, I want to talk about training system in HK. During these three months, I collected some information about training system and joined their clinical conference every Wednesday. What I focused on was not only the special knowledge, but also the training pattern, i.e. how to train the trainee, help them be a qualified specialist. I would like try this pattern in training our students when I come back. Medical information resources are another advantage of HK students and clinical trainees.

Time elapse fast. I pretty enjoyed my working and spare time in HK. From Dr Ip, I learned many new ideas and new techniques. She provided me greatest convenience both in study and in daily life. I also really appreciate Doris because of her kindly help in my life and work. Dr Tan Jun Hong and Dr Leung Thomas also gave me a hand during my learning period and we already became good colleagues. I also want to say thanks to all operation theatre staffs in DKCH and all PT and OT staffs in DTRC. They helped me a lot in my clinical work. This three-months experience is quite special, precious and valuable. I would like to be the bridge for the coming mutual exchange between two departments.

Kind Regards

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