Orthopaedics and Academics- an Oxymoron? My experience of the Orthopaedic Science iBSc

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One of the most anticipated parts of the UCL undergraduate medical programme is being able to undertake an intercalated degree. For most, applying to a "traditional" medical school comes with a clear pre-clinical and clinical junction, and a year to focus on what really interests you. For myself, it wasn't until the iBSc fair that I thought of which degree I may want to undertake. There were the "sure-bet" options, which had large intakes, and which seamlessly aligned with the pre-clinical curriculum. And then, there was Orthopaedics- the dark horse, where lectures were in "The North", and in which "properly-qualified" doctors would be taking the same modules as us mere mortals...

Lured in by past students and course tutors at the fair, we asked for a course Open Day at Stanmore. This was swiftly arranged by Dr Taylor, Programme Director. It was this commitment to investing in future students, which convinced me this iBSc would allow me to think, explore, attempt, and discover. And indeed, throughout the year the faculty were approachable, the administrators were supportive- and the fry-up breakfast at Broccles was second to none!

The first part of the year focused on seminars and lectures- from basic science, to more clinical modules. The small-group size facilitated discussions, and the interaction with the Masters' students (colloquially known as "properly-qualified" doctors!) helped to contextualise the theory with hospital-based applications. Having not written an essay in almost 5 years (most students take science based subjects to get into medical school...), I found the essay-based components the most challenging. However, the feedback was constructive, and I was encouraged to approach other tutors for guidance. Over the second part of the programme, we were each assigned a research project- a daunting thought at first. During my project I was supported by a PhD student, and was supervised by Dr Coathup, whom provided me with project direction, gave invaluable feedback on my countless dissertation drafts, and encouraged me to think beyond structured boundaries. We also completed a Statistics module, based at the Institute of Education, and were funded to undertake the "Good Clinical Practice" National Institute for Health Research course, both of which I still rely on now.

The synergistic relationship between clinical and academic work was the clear flagship of the Orthopaedic degree. It provided a strong knowledge base to enter clinical medicine, and the invaluable experience of balancing academic demands- fundamental for a junior doctor in today's application system. Unbeknown at the time, this iBSc influenced my career trajectory; I am now at the end of an Academic Foundation programme in Orthopaedics and am on the demanding path to becoming an academic surgeon.