

BHS elective report (Zhen Ming Jeremy Ng)

Your elective is one of the rare times when you truly set the agenda. By having a clear objective, mapping out logistics early, and owning every email or LinkedIn outreach you make, you can turn four weeks into a mini-apprenticeship tailored to your future career.

I did my elective with Queen Mary University of London (QMUL) at Barts NHS trust, strategically choosing it because it allowed me to fully immerse myself in academic orthopaedics, all the while still getting my hands 'dirty' in theatre.

I had my eye on The Bone and Joint Health's (BJH) integrated academic teaching programme very early on. It is a session that runs every first and second Tuesday during lunch, aiming to turn early-career clinicians into confident clinical researchers by walking them through the research pipeline. I gained invaluable research teaching and opened my eyes to different facets of academia, such as applying for patents and intellectual property rights. This was delivered by Queen Mary Innovation, QMUL's technology-transfer company that helps researchers secure patents or other IP rights, and then commercialises them. A key takeaway from this session was that any public disclosure before filing a patent destroys novelty in the UK and EU, including scientific papers, posters, and even a casual pub chat. Another session was on 'uncapping' REDCap, a platform for building research databases and surveys with audit trails. The session showed its vast potential in collecting data, using automated surveys and reminders, MyCap for patient-driven sensor data, offline capture for low resource settings, and seamless EHR pulls. There was also a session delivered by the trial managers, outlining a trial's journey from start to finish. It put into perspective the amount of coordination and planning needed to run a successful trial. Faculty that attended these sessions also span from the wider BJH network, including but not limited to clinicians, physiotherapists, trial managers, and data managers, making the sessions double as a valuable forum for networking.

I also sat in on clinical trial board meetings and it felt like a masterclass in turning ideas into funded studies. Each pitch opened with a rigorous literature review, with some teams even bringing a mini systematic review to prove the research gap. Discussion then pivoted to the reality of recruitment, sharing lessons from previous experiences. From competing studies within the same recruitment trust to the almost impossible hurdle of extra ethics approvals needed when involving children, neurodiverse participants or patients who require assisted consent. Hearing such experienced researchers wrestle with these hurdles showed me that a successful trial relies as much on a strong network as on scientific merit.

Aside from academics, I scrubbed into a broad spectrum of cases. I split my time between Royal London Hospital (RLH) and Whipps Cross Hospital (WXH). RLH exposed me to complex pelvic and acetabulum fractures, trauma lists that involved plastics, spinal reconstructions, and revision arthroplasty. WXH focused on fragility hip fractures, where I learned the dynamic hip screw (DHS) technique. Since WXH had a calmer environment, I was also able to perform a fascia closure under supervision. After hours, I followed the on-call T&O registrar (the infamous 45674) and brought ATOM FC to life. I attended daily 8am trauma meetings, which was very bewildering at first due to the rapid-fire nature of discussions, although I eventually did find some method to the madness. In hindsight, I should have asked the presenting registrar early on to explain the format and team roles. Once I understood the structure, hearing each case presented in crisp SBAR style was another masterclass in efficient communication.

A priority during the elective was to understand different academic pathways to map out my own career. I sought out conversations with PhD students, lab scientists, and also non-orthopaedic researchers to learn how they had navigated their journeys. Some were under the structured NIHR Academic Clinical Fellowship pathway, some had taken time out from training to self-organise a PhD, and some went down clinician scientist pathway, dedicating most of their time to research. The clear takeaway for me was that there is no single ‘correct’ path, but every route prizes having a solid research question sustained by a strong, collaborative network. I finished my elective with a shortlist of potential PhD topics and mentors willing to co-supervise – first steps toward my own academic career.

However, none of this would have happened without two essentials. First, meticulous planning. The advice to start at least a year out is sound. Once dates were approved, I worked backwards to identify academics whose work intrigued me, sending concise, courteous emails, and scheduling e-coffees. That early groundwork let me set up a systematic review project remotely and line up academic and clinical attachments. Second, the £750 BHS Medical Elective Bursary. The funding covered travel and accommodation, turning plans into reality. I’m especially grateful to Ms Naomi Gibbs, Dr Hariharan Subbiah Ponniah and the BHS Culture & Diversity Committee for their generous support.

Overall, this elective blended scalpels with spreadsheets. The privilege of seeing ideas germinate into funded trials, then being able to pivot and enter the theatre to fix a shattered pelvis, cemented my ambition to contribute as both a surgeon and a scientist. For my peers planning their own electives: set a bold goal, plan obsessively, and remember—*it’s your ship to steer*.

Some tips:

1. **Start with a simple, targeted email.** It can seem daunting to have to plan everything, but you can take it one step at a time. Get the ball rolling by introducing yourself, proposing elective dates, and adding one personalised line that shows you’ve read the consultant’s recent work.
2. **Be specific in your asks.** Although every consultant is different, I learned from experience that it is better to be direct with requests as consultants rarely have tasks ready on the spot. Be specific about what each person can give you.
3. **Prepare for theatre the night before.** Ask the consultant which fracture patterns, surgical approaches, fixation methods and key anatomical landmarks will feature on tomorrow’s list. Pre-read the AO classification or watch a short surgical video so you can follow the case in real time and ask focused questions.



Bonus: me in the top right at the team's official centre launch!