



## Tackling the orthopaedic stereotype using medical student representatives – A grassroots approach



Dear Editor,

A recent article by Hourston et al. [1], provides guidance on tackling misconceptions surrounding Trauma and Orthopaedic Surgery. Anyone involved in clinical practice is familiar with the orthopaedic stereotype: a boys club of rugby players with all brawn and no brains, plagued by endless banter. Promoting orthopaedic surgery to medical students is reliant on challenging these false stereotypes.

Hourston et al. set out to answer the question, 'how can we tackle the orthopaedic stereotype?' [1], by emphasising the responsibility of orthopaedic surgeons in tackling these misconceptions. We believe that the onus should not be placed solely on orthopaedic surgeons. There are many stakeholders responsible for enhancing the perception of orthopaedics, ranging from national orthopaedic associations to individual clinicians of all specialties and at all levels of training. Often overlooked and underestimated is the contribution that medical students aspiring to the specialty can offer. A grassroots approach using medical student representatives (MSRs) in national associations such as the British Orthopaedic Association (BOA) and British Orthopaedic Trainees' Association (BOTA), would be an effective way of tackling misconceptions at the undergraduate level. In this letter, we present the case and utility of MSRs in tackling the orthopaedic stereotype.

### 1. What are MSRs in national specialist associations?

National specialist associations are hubs of dedicated information about their speciality. They organise meetings, courses and workshops which are ideal learning and networking opportunities for all levels of training. An example is the BOTA Educational Congress which hosts three days of orthopaedic workshops and talks aimed at medical students, trainees and consultants. Being an active member provides access to these opportunities which contribute to building a clearer perspective of the orthopaedic speciality outside clinical placement.

Historically, national specialist associations have struggled to target and engage medical students with an interest in their speciality to reap the benefits of membership. In a national medical student survey that we previously conducted (n = 340), we demonstrate that 85.9% (n = 292) of medical students were not aware of a single specialist association related to their specialty of interest [2]. Furthermore, we found that orthopaedics was the most popular surgical specialty of choice amongst UK medical students (35.4%, n = 58), however worryingly, only 4 (12.5%) of these students were aware of national orthopaedic associations, such as the BOA and BOTA [2].

MSRs are elected student members of national surgical committees who represent the views of medical students at a national level. They act as a reliable channel to deliver the plethora of information that orthopaedic associations offer to medical students; in doing so, they can bridge the gap between medical students and national specialty associations. Strengthening this connection can increase engagement

among medical students. MSRs can be in the form of individual representatives at each medical school across the UK, or a single national medical student representative.

### 2. The case for MSRs in national specialist associations

Our survey demonstrates that the vast majority of students (85%, n = 289) feel that having a MSR in a specialist association affiliated with their specialty of interest would be 'beneficial' [2]. The top three reasons given by medical students for this were: 1) Increased access to information on their specialty of interest (38.5%); 2) Being informed of upcoming opportunities offered by their association of interest (30.4%); 3) To act as a bridge between students and associations (22.5%) [2].

MSRs can resolve misconceptions about orthopaedic surgery by flattening the hierarchy that exists between surgeon and student. MSRs, acting as near-peer mentors, can answer questions that medical students are unlikely to ask senior surgeons, including on personal matters such as career choice. MSRs have relatively more time to dedicate towards this than senior surgeons; they are able to meet with students in-person to act as an ambassador for orthopaedics outside of prescribed clinical placement time. Though of course, even brief senior advice is invaluable. Furthermore, MSRs can organise undergraduate orthopaedic conferences—perpetuating a positive orthopaedic stereotype to a larger student audience [3].

As a member of national specialist association committees, MSRs can represent the views of medical students at national meetings. They are in a position to suggest adjustments to courses or meetings to cater towards including medical students, as well as in curriculum design. Fostering an inclusive environment at these events can overturn negative misconceptions of the speciality and improve engagement among students.

To conclude, we concur with Hourston et al. on the need to tackle the orthopaedic stereotype [1]. A grassroots approach utilising MSRs in national orthopaedic associations may represent a sustainable solution to tackling these misconceptions in undergraduate students.

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Waheed-Ul-Rahman Ahmed—data analysis and writing.

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