

**Dr Katy Wood, grid trainee in paediatric neurodisability, Newcastle**



**Why did you choose to do neurodisability?**

I first became interested in working with children with disabilities and neurological conditions when I was a student with work at a specialist school for children with cerebral palsy, which really emphasised the children's 'can do' attitudes and the importance of increasing independence and participation, but also the impact on families. This led to me doing a student selected module in neurodisability during medical school and becoming more involved clinically. I was inspired by the clinicians who I met who worked in the specialty and their enthusiasm and support, as well as their commitment to promoting the highest standards of care and quality of life for their patients and families.

I enjoy the diagnostic challenges and problem solving in neurodisability. Working closely with the wider multidisciplinary team brings fresh insights to situations and lots of opportunities for ongoing learning. The complexity of neurodisability incorporates aspects of all of the sub-specialties I particularly enjoy within paediatrics, such as neurology, neurorehabilitation, palliative care, genetics, and child psychiatry, as well as having a real emphasis on general paediatric skills, knowledge and clinical reasoning approach.

I really value being able to build long term relationships with children and families and provide support and advocacy. Ensuring that communication around difficult and sensitive topics is managed well and that children and families feel supported, with their needs recognised, are aspects which are important to me and form key roles of a neurodisability paediatrician.

**What does your training so far look like?**

As a medical student, a student selected module gave me a real insight into neurodisability and started my interest. During my Foundation training and paediatric SHO posts, I continued to explore this, alongside keeping an open mind to other options, and looked for rotations where I could gain neurodisability related skills and experience, such as community paediatrics and adult neurorehabilitation posts as an F2 and a neurology post as ST1 trainee. In other rotations, such as neonates and general paediatrics, I looked for opportunities to link this to neurodisability, such as attending developmental follow up clinics for high-risk infants, involvement in end of life care situations and attending complex patient multidisciplinary meetings. With supportive supervisors, I was able to become involved in related audit and project work, which increased my understanding of current topics, service development and clinical research in neurodisability.

I started neurodisability grid training at ST6 and I'm currently in my third year. My placements so far have enabled me to gain broad experience and perspective across different areas of neurodisability, including tertiary neurodisability, district disability service, paediatric neurology, neurorehabilitation and mental health, as well as continue to develop my acute, general paediatric and safeguarding skills and knowledge.

I am also undertaking the Paediatric Disability Distance Learning Course, which runs over two years. This has been a great resource for learning and helping me to find out more about local health and multi-agency services, as well as for meeting other trainees and peer support.

### **What does a typical week look like for you?**

My current placement, as part of my neurodisability grid training, is in the regional neurodisability service. Most days are spent in a range of multidisciplinary clinics such as dysphagia (feeding), tone and postural management, developmental vision, neurodevelopmental assessment and botulinum toxin procedure clinics. There are a range of professionals involved in these clinics including neurodisability paediatricians, paediatric neurologists, physiotherapists, occupational therapists, speech and language therapists, ophthalmologist, orthoptist, teacher for the visually impaired, dietician and many more! We see children with a range of conditions, including cerebral palsy, acquired brain injuries, genetic conditions, autism and other complex medical needs.

I also spend some time on the ward seeing inpatients and participating in multidisciplinary team meetings, for example, for children with cerebral palsy who have been admitted with difficulties with tone management, children with complex disabilities and health needs where decisions need to be made about particular aspects of management and children who are undergoing neurorehabilitation following acquired brain injury.

There are lots of additional learning opportunities available, such as daily paediatric teaching, weekly paediatric neurology grand rounds and regular neuroradiology and EEG meetings where cases are discussed. In order to gain a wide range of experience, I have also arranged to attend some more specialist clinics and services, such as spending time with the palliative care team.

There are also many other aspects to neurodisability grid training such as participating in audit and QI work, teaching, management and leadership aspects such as contributing to service and guideline development, and developing clinical research skills, for example, through literature review and critical appraisal and opportunities to contribute to study workshops.

Outside of daytime neurodisability work, I work some evenings, weekends and nights covering general paediatrics, A&E and subspecialty paediatric wards, as part of the paediatric registrar rota.

### **Do you have any advice for medical students and trainees interested in neurodisability?**

Go and find out more about neurodisability and get involved! Take the time to talk to children with disabilities and their families when they are on the ward or in clinic – as well as finding out about what brought them into hospital or why they are attending the clinic, also ask about wider lifestyles and what they enjoy doing, as well as any challenges they face. One of the really interesting things about neurodisability is that there are such a variety of aspects to a patient's care and decision making, from the time of being a young infant to transition to adult services at age 18, and supporting the psychosocial aspects is just as important as managing the medical aspects.

When going through your rotations, look for ways to link projects and experiences to neurodisability. An audit or project in a neurodisability related topic is also a good way to gain increased understanding of some of the topical issues in neurodisability and current evidence base. Reflect on patients and situations you encounter – there are lots of transferrable skills and learning points, even from adult specialties during medical school and your Foundation training.

Also, talk to people working with neurodisability, both trainees and consultants, to find out about what they do and what they enjoy about neurodisability and try to spend time with members of the multidisciplinary team to find out about their roles. Try to attend any local study days or conferences, which are a good opportunity to chat to trainees about their training so far and learn about relevant topics. These will all help you to consider whether neurodisability is right for you and what inspires you.