

# What's it like to be a SPIN trainee in paediatric nephrology?

SPIN trainee representative, [Jenny Harper-Gow](#) gives her insights:

I started my training in Paediatrics in Christchurch, New Zealand. I spent 3 years in General Paediatrics, Level 3 NICU and Oncology. During this time I got a taste for renal medicine when a child with a Bell's palsy was found to have a systolic BP of 210mmHg and a baby with ARPKD was sent to Auckland for management of their poor growth, hyperkalaemia and acidosis.

I then returned to the UK to ST2 in the Severn Deanery. I spent 3 months with the renal team at Bristol Children's hospital, but I was slightly overwhelmed by the complexity of cases on the ward. At this junior level I felt out of my depth with the array of unknown drugs, complex interplay of growth, appetite, metabolic bone disease, hypertension, fluid balance, acidosis and electrolyte derangements, psychological wellbeing and meticulous attention to detail.

It was not until I worked in Gloucester Royal Hospital as ST5-6 that I developed a real interest in nephrology as a Speciality. I remember clerking a 6 year old girl with oedema and hypertension. Her GP had done bloods to investigate and she was found to be in end stage renal failure. She was sent to Bristol for ongoing management and required haemodialysis. During this time, I worked with Dr Jadresić and Dr Sambo, both paediatricians with a specialist interest in paediatric nephrology. In outreach clinics with visiting tertiary nephrologist, Dr Dudley, it was fascinating to continue to follow up children who had been transferred to Bristol for commencement of renal replacement therapy or for a transplant. The clinic provided a great opportunity for continued professional development, keeping up to date and discussing more challenging patients from clinic.

I decided on a SPIN in nephrology rather than GRID because I wanted to continue to work in the Paediatric Assessment unit and on the acute take. I have always enjoyed the challenge of making the diagnosis, the team-work involved in stabilising a sick patient and where the children with renal disease may first present. However, I wanted to develop an area of deeper knowledge and interest. In outpatients it is rewarding to have confidence in an area of medicine, be able to offer advice to colleagues and develop a relationship with a child and their family over their childhood. This is particularly important when caring for children with a chronic disease who have to make restrictions in their diet and lifestyle and maintain good compliance with medications. As for the work life balance, I do not see either SPIN or GRID as necessarily easier in terms of personnel sacrifice. General paediatric ward rounds can take all day in the winter while a tertiary nephrologist might only have a handful of inpatients but get woken frequently while on call to make huge decisions regarding accepting a kidney for transplant or to give telephone advice to colleges in hospitals over a huge geographical area. We all work very hard so make sure you love what you do!

Since my application for a nephrology SPIN was accepted, I have worked with the Bristol team for 2 years at 60% full time. I am due to return to Gloucester in 2021, where I will complete my SPIN while

working closely with Dr Sambo. Once I have completed my training, I am hoping a Consultant job will be available in either Newport, Wales or in Gloucester.

I am now the current SPIN trainee representative and I am happy to answer any questions about the SPIN process, teaching or any questions you might have.