



Newsletter

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This Newsletter is circulated through the internet, and through all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those "concerned" who may not be connected through the "Net."

It is addressed to all interested in orthopaedic surgery, particularly those who work in areas of the world with great need, and very limited resources.

This organ of communication has great pleasure in announcing the first of a new Newsletter specifically to describe and promote the projects run and planned by the **UK region** of WOC. These will relate to projects launched from UK into the LMICs. Many will be of long standing with personal connections to centres which have asked for visiting tuition. The **UK** Newsletter will make extra links, with its generous donors, and announce activities ready for amalgamation, collaboration and cooperation. There is a vigorous charitable arm to WOC (UK) attracting philanthropy which needs to be recognised and appreciated.

There will never be too many aspiring trainers, but all arrangements need to be personally invited. Without that, a visit might give the impression of “invasion”. Furthermore every volunteer trainer must be selected and well informed about the host hospital, its equipment, shortages, and the level of its local support. WOC must never appear to be in any sense in competition.

The new **WOC (UK) Newsletter**, had its initial edition in April, 2016, edited brilliantly by **Laurence Wicks**. It will concentrate on information about projects connected with the UK, and to acknowledge our debt to donors.

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RECAPITULATION.

In our global Newsletter No 188 (April 2016) there was coverage of the meeting at the Royal College of Surgeons in England, organised with the Lancet Commission’s Global Frontiers in Surgery. It displayed the involvement of all specialties of UK surgery. The President of the RCS, **Clare Marx**, who opened the Lancet Commission program, has since announced (in the College’s “Bulletin”) that “the College Council approved a new strategy representing a refreshed engagement with its membership outside the UK...”. This is ambitious. A key dimension will be the deployment of the skills and expertise of the Members and Fellows in projects for the benefit of LMICs.

To support these the RCS shall shortly launch a programme of travel grants aimed at the construction of links. Members and Fellows are urged to submit specific projects to the International Office <internationalteam@rcseng.ac.uk> There is no doubt about the widespread interest in global connections and mutual collaboration. Some plans are in the pipeline and are encouraged from the WHO in Geneva. Doubtless these will be put together with hoped-for funding from elsewhere; - all to be acknowledged, respectively.

Observations from Newsletter No 160 and others, which attracted so much interest in the onetime colonial hospital service in Zimbabwe, will be reviewed and repeated, with news of constructive projects of assistance, commencing this year.

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The **Annual General Meeting** of **WOC** (international), will be held during the 37th Meeting of **SICOT** in Rome, September 7th- 10th 2016. The precise date and the time are yet to be arranged with the SICOT Executive. These and other details of the meeting will appear later on these pages, but it is important to read into the program the emphasis that has been introduced in recognition of the global requirements of surgical treatment in parts of the world relatively short of resources.

The “**Gap**”, referring to the disparity between the advancement of surgical techniques and their dissemination through the LMICs (so often referred to but so rarely adressed constructively) will raise essential points directly associated with the whole subject of instructional teaching and surgical training. We recognise the fact that the Executive Committee of SICOT is reaching out to those whose straightened circumstances will preclude their presence at the 37th meeting.

“**Commerce**”, so often disparaged for its concentration on technical equipment, is less attracted to the plight of the multitude of remote and migrant patients. This brings us back, time and again, to the bedrock on which orthopaedic traumatology and corrective surgery must be built – **Education** -- from which literacy and numeracy stand out. In medical education the emphasis must be on basic biology, on which tomorrow’s ingenuity and inventions will be based. We must point out that the AO Foundation has been vigorous in its support for Non-Operative courses on Basic fracture management, throughout Africa &c al.

EDUCATION & TRAINING

Recent field research from India and the Americas has seized the opportunity to adapt and develop educational techniques. **Professor Sugata Mitra**, born in Kolkata, was trained in the Indian Institute of Education (Delhi, 1978) now pursues revolutionary investigations from the University of Newcastle (UK), in the School of Education, Communication and Language Sciences. He has addressed the greatest problem:- **“the best teachers and schools don’t exist where they are most needed”**. He sees the time-honoured systems of schooling in the Anglo-Indian style, which so effectively equipped its students to the world of a hundred years ago, to be now out-dated and unsuitable to the 21st century. It has to staff today’s very different requirements.

Through the use of computers Mitra has demonstrated how the needs of today (and God knows, the future) are to be met. We no longer need the huge manual workforce essential to the industrial revolution of the 19th and 20th centuries. In his studies, for which he was awarded the Dewag Mehta Prize for educational Innovation (2013), he shows how relatively unimportant are the acquisition of facts, which are readily available on the Internet, compared with the development of thought processes. Everyone has a natural attraction to acquire knowledge, *given the appropriate social environment*. Factual information will only be retained through its application and regular practice. The task of WOC is to impart through practical guidance.

Professor Mitra’s scheme is to replace formal schools and formal protocols. It is best illustrated by his plan to leave education in the ethnically deprived areas of the world, to the village and even the family. He describes his theory that the best teachers are Grandmothers, who have an innate skill based not on their knowledge, but on their ignorance.! This ideal depends on the input from “grandmothers”; but not every family in the world is adequately served in this commodity. Grandmothers provide the priceless “Wow” factor creating and

reflecting the excitement of the child. That is why the whole environment must be one of discovery by oneself - for oneself.

His view is based on the natural curiosity in competition. To give every child a computer, failed because of the failure to communicate with the teacher. But when he gave one computer to **six** kids, and went away, in a few weeks they are **all** using it! They taught themselves and each other more effectively than with a row of professors.

Unfortunately surgery cannot be taught that way because the raw material of “errors under trial” (through which we learn) is the patient, who is not disposable! The equivalent of the school, which Mitra criticizes, is the lecture theatre where facts and opinions are presented clearly and religiously. The intimacy of the family and the society of school is lost in the Great Hall. The distant dictation from a rostrum, so successful in the nineteenth century to provide the factory workforce for the twentieth century, is not appropriate for the 21st. Unfortunately not every family has a living Grandmother! The experts in the silicone valleys of the modern world, were self-taught, There is no alternative to the apprenticeship system of guided surgical practice, in which the trainer plays the part of Grandmother!

This has to be the principle on which the “Instructional Course Symposia” at the SICOT meeting in September will be based. Apart from the valuable publicity and the dissemination of information, that event can be no more than an opportunity to plan personal involvement in Surgical Training. The PROGRAM for the meeting will be summarised by title in the next Newsletter. As many as possible should attend this convention to support the trend towards supporting surgery appropriate to the third world’s straightened circumstances. The commercial companies are keen to address the great need for “economical” equipment; but they need our confirmatory enthusiasm

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The program for Rome calls for the attention of all orthopaedic surgeons if the message to the effect that simple and inexpensive tools in the hands of educated and trained doctors are a significant source of commercial income – if the price is right.

That message has often been conveyed to the “Trade”, but it calls for repetition, if it is to be effective. Sadly the enthusiastic surgeon visiting the exhibition is drawn towards the new and exciting inventions. They know about the “tried and tested” basic tools. The burgeoning manufacturing industry of India and China, is beginning to show its products, and the economy of manufacture of consumables, *en masse*. Their price lists will bear scrutiny; the quality of their manufacture passes international comparison.

The success of an instrument exhibition is measured most forcefully by the numbers of serious enquiries made, and the attention given to the figures of patients “in need”. Commerce responds to enquiry and demand; but the surgeons at work where the need is greatest, are unlikely to be able to attend, for obvious reasons.

So all visitors to the trade exhibition in Rome (Sept 7-10th) will do well for the Third World if they make a point of visiting the exhibition, describe the cost requirements of the LMICs, and the size of this neglected mass market.

(Ed. M. Laurence)