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.

The message, intentions and promises made in Rome, (SICOT '37) are in the process of activation. Readers of these Newsletters will be well aware of the messages – perhaps too many. The program for SICOT '38 (at the beginning of December 2017, in Cape Town) will be a testing time for the realisation of today's plans and promises. We expect an audit of how today's ideas are working.
There are many steps in the process culminating in an assessment. Often our reports are autobiographical, and therefore not entirely independent !! (After all, there are donors to be encouraged, and assured that their donation has been effectively deployed.)

But the first step is often the most difficult to organise - the invitation and

the collaboration between host and the visitor. The host is not always a free agent. Pressure on his time often calls him away from the visitor. In fact when confidence has been built, the visitor might be largely neglected, particularly if the visit is essentially for the benefit of the trainees. Indeed it is inevitable that the best surgeons will be in the greatest demand for their clinical expertise, taking them from the training of their future staff colleagues.

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EAST AFRICA.

The **COSECSA** Conference (2016) will be held in conjunction with the Scientific Conference of the **Surgical Society of Kenya**; between 8th and 9th December, 2016. In Mombasa. A preceding meeting of the NGO will be held on 6th and 7th December 2016.

In addition, the College of Surgeons of East, Central and Southern Africa, and the Surgical Society of Kenya (SSK) are pleased to announce their imminent Council meeting, together with the College Examinations, Graduation ceremony, Annual General Meeting and Scientific Conference in **Mombasa,** Kenya, from 4th - 9th December 2016. <info@cosecsa.org>

These meetings, at far-away establishments, are of great importance because that is where the relevant pathology is to be seen in abundance, and where the situation vis-à-vis surgical equipment is demonstrable. Sub-Saharan Africa (SSA) is the “front line”.

The great International Conferences struggle with competing reputations, in order to attract numbers and to satisfy the manufacturing trade, rather than confronting the problems of the daily life of general patients. By contrast, domestic meetings are concerned with the needs of their own people, the exchange of ideas by which shortages are overcome and the organization of

their teams of colleagues for surgical service.

Further Attention to the GAPs.

Our current concerns with the Gaps in Training have a dozen discernable defects and possible lost links between specialties. These are attributable to the lack of experience of basic clinical medicine, which is why so much attention is directed towards the review of our Curriculum for Global Surgery. No longer can Western Centres claim the capability to train for all, for anywhere in the world. Global understanding of "other areas" has taught us the value of local experience, which is where the need for training exists.

Professor **Richard H.Gross**, who has been co-opted to lead the group to examine this aspect, gave a basic address to the SICOT Meeting in Rome, covering all manner of techniques for grafting bone. His roots are Military and therefore pragmatic. May I add a part of his autobiographical notes (slightly edited):--

"I was an Army resident during the Vietnam war, and had responsibility for the variety of long bone fractures and penetrating wounds. The provision of equipment is always irregular in such circumstances.

"I can attest to the efficacy of non-operative methods, and certainly they are less expensive. Complete knowledge, backed by practical experience of the variety of bone grafting techniques, is the basis of traumatology, which of its nature is ever unpredictable. These skills are becoming lost with the current emphasis on instrumentation, but they are essential in the "fall-back" situation. We have to document the relevant basic science."

His opening premise is defined in the initial drafts, while he collects the opinions of leaders of the orthopaedic world and their wide experiences. He proposes a path for the committee to achieve its goal, a meaningful and

useful training manual for those studying for the certifying exam. It should include the following:-

1) a defined and accessible data base

2) guidance in directing study toward the “essentials”

3) assurance that diligent study (satisfying the objectives) will lead to success with the exam

He bases his strategem on the work of **Robert Mager’s** very general instructional work, ***“Preparing instructional objectives”*** with the subplot of producing a “performer”. Many orthopaedic colleagues are contributing their own thoughts from specialist viewpoints, while others prefer to stick to reliable principles from which to extrapolate through ingenuity.

In his latest letter, still reaching out for the consensus, he gets so close to the ultimate program for everybody, that I take the liberty of copying the draft of two central paragraphs, for all to reflect upon.:-

> “The curriculum is politically neutral. the issue of whether a country's national orthopaedic organization wants to accept the curriculum is not part of our mission. I see our goal as providing an educational tool that programs in both developing and developed countries can choose to use - or not to use. The goal is to help all orthopaedic trainees to grasp the principles that are requisite for safe and effective practice. Grasping these principles would also give the trainee the knowledge base required to pass the SICOT Diploma exam.
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> “Another advantage of having objectives for each topic is that it would eliminate the need for lectures. If the residents know they will be accountable for satisfying the objectives at conference, the conference consists of the teacher monitoring the responses of the trainees rather than putting the onus on the teacher to give a lecture. I have never done a total joint replacement, but if i have the objectives, i could conduct a useful conference on joint replacement, Programs in developing countries, and for that matter, small programs in developed countries do not have faculty that could give lectures on every topic. Having objectives affords the faculty in these training programs with the tools to provide a comprehensive educational experience.
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> “It is established that lectures leave the learner with less retained knowledge

than a more interactive experience. I am not a trauma surgeon but i wrote the trauma objectives. The role of the committee is to ensure the objectives which eventually work their way into the manual are relevant and clear."

A comment from Malcolm Morrison.

"It is vital that any training in the LMICs should be "back to basics" – rather than the latest technology. I am sure that any comprehensive relevant surgical examination must be based upon the need to ensure that those who 'pass' will be 'safe' practitioners, able to work in straightened circumstances. This does not imply that one would *chose* to be "without", but that nowhere should treatment be withheld for want of the most modern equipment. At the same time examinees must have knowledge of that which may not be available, and be able to make out the case for its provision in appropriate conditions.

Mr Morrison goes on to extol the importance of the following, urging their inclusion:-

1. The ability to 'diagnose' common conditions without expensive scanning techniques.
2. To know what treatments are 'available' – and to be able to choose the most 'appropriate' (in the individual circumstances).
3. To know how to do basic operations (that are safe under all conditions.) and be able himself to provide local or regional anaesthesia.
4. To know when NOT to operate (–perhaps the most important of all !)

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A Curriculum is no more than a template upon which can be built the intimacy of training. An indefinable, essential aspect of training lies in the example of clinical practice – impossible to convey from a lecture platform. But a most important feature of orthopaedic surgery is the relationship between the doctor and the patient (*or the patient's parents*), inspiring confidence that the

doctor is on the patient's side and understands his (or her) complaint. This is especially important when it is not possible for surgery to be curative.

Out of much written discussion, we are indeed fortunate to have Dick Gross' thoughtful guidance on the Curriculum, which is yet open to constructive comment.

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An announcement from Chris **Lavy** and **Grace Le**, his executive assistant regarding the 2nd phase of their Africa Clubfoot Training project.

"We've been given a opportunity from the University of Oxford to "crowd fund" for 4 weeks to raise £100,000 for training more healthcare professionals in Africa to treat clubfoot. It's a joint venture with CURE Clubfoot and Global Clubfoot Initiative.

"It's 'all or nothing' so we have to reach our minimum target of £70,000 by 4 December to receive any of the pledges – so we are keen to share our message with as wide an audience as possible! *(Grace admits this is "a bit cheeky" but she hopes that some members of WOC may be interested to support this cause*…)
For any on Facebook, there is a video on www.facebook.com/NDORMS/

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And an autobiographical work, by **Augusto Sarmiento:-**

"A Life Worth Living: Hippocrates and his forgotten oath" The author, Gus Sarmiento, identifies and discusses healthy as well as potentially harmful trends currently facing the Orthopaedic profession. He quotes personal experiences and vicariously obtained information.
Available from AMAZON.com

M. Laurence