



Newsletter No: 195

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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.

From the **President. Professor John Dormans.** (an extract)

“The echoes reverberating since the 36th SICOT meeting in Rome, continue with long distance telephone calls, texts and attachments to “e”-messages. The enthusiasm generated in all countries represented at Rome, will not fade while so much energy has been released, as a result of Keith Luk’s stimulus.

“It was great to see the enthusiasm and interesting dialogue around the Curriculum projects. Congratulations are due to **Ashok Johari** and his Education committee for coordinating this effort and involving so many talented people. I am confident that we can make progress. It will be important to work with other groups in order to avoid duplication and create something that is complementary to the efforts of others.

“SICOT is in a unique position to be a leader in this area, especially as it relates to education and other projects leading to the prospect of a general certification for low and middle income countries (LMIC).

“The Education Committee of SICOT, has created a Curriculum Development Subcommittee. Professor **Richard Gross**, appointed to oversee, has had considerable experience developing the POSNA Study Guide and remains enthusiastic to immerse headlong in this work. He will chair this subcommittee.

Professor Gross has agreed to coordinate the efforts and opinions expressed at the special debate, for and on behalf of the LMICs, to comment upon ways and means by which the under-resourced parts of the world might develop, flourish and in particular teach and train its medical profession. His preliminary thoughts are summarized below, referring to his editorial for the American Academy (*AAOS, available now online,*) “We have been impressed by the “Orthobullet Program”. Well formulated objectives are the best way for the learner to assess whether he/she has mastery of the topic. Defined objectives are valuable for teaching conferences, provided to the residents, 2 weeks before a scheduled conference. They are then asked to satisfy the objectives (without notes, computers, ipads, etc).

“Ideally, the objectives would match the content of the “certifying” examination, if we provide the candidate with well formulated objectives which the candidate uses as a template for preparation. If the candidate can meet the objectives, he/she should pass the exam. Achieving this goal would be a major achievement.

“Professor Awais has educated me on the difficulties experienced by countries like Pakistan, which has an inadequate number of orthopaedic surgeons to meet

the needs of the population. He notes the need for non-medically qualified care providers, to deliver care for routine orthopaedic problems. -- *I invite constructive criticism on whether you believe we should address this as a priority, or concentrate on the training manual first.*

“My issue with the questions is that they do not discriminate between "essential" and "non-essential information. Their curriculum does provide an excellent knowledge base, from which anyone anywhere in the world can benefit. But important issues are raised by the Orthobullets curriculum. It is designed to cover the entire spectrum of Orthopedics over the course of a year, with links to articles – sometimes abstracts, but often the full article. The bulletpoints are followed by multiple choice questions, which (in my opinion) vary quite a bit in quality and relevance. But to use bullets as the sole preparation will not be enough; so I hope our committee will be able to improve on the already impressive effort that SICOT has made with the training manual.

“The drawbacks of the Orthobullets curriculum are small compared with what it could do for the isolated and impoverished programs. It gives individuals in those settings access to current mainstream literature and thinking. If we then gave those individuals well formulated objectives, they could test themselves as to the depth of their understanding of the concepts presented.”

<grossrh@mac.com>

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The subject of a comprehensive curriculum is therefore in the safe catching hand of Richard Gross and his subcommittee. Such a curriculum is a living thing which, like a neoplasm, has a potential for unpredictable expansion. Monitoring and modification will always be required. This is an area in which there is a

tendency for the “Gap” to widen.

Desperation to keep up with modernity does not always withstand the test of time. This old dictum is especially relevant when there is a need to address parts of the surgical world with few facilities. For this reason I suggest that the timeless principles of pathology take precedence, before demanding technology.

This brings me to my final point (ML). Little reference has yet been made to the “elephant in the room.” ! Surgical “Research” leans heavily on the major instrument and implant manufacturers, to whom we owe a very great deal. Indeed we exist because of them. Their success is in our interest; and vice versa. This is one of the reasons for our appreciation of the AO Socio-Economic group, and we would encourage others (like the Ring masters of Ilizarov, the Sign Co. and a dozen other bio-engineers) to invest in the basic training schemes on non-operative modes of management. That aspect is the vital preliminary step towards surgical orthopaedics, without which the reputation of western surgery will founder and their commercial plans will fail.

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Professor Deven Taneja, (WOC’s Secretary General) has taken up the “outreach” theme, encouraging affiliation from the newly established Philippine Orthopaedic Association.

He has invited the Orthopaedic Associations from Kenya and Zimbabwe to become affiliated societies and asked them for the names and addresses of their regional representatives. In anticipation of final texts, their logos have been introduced onto the WOC website. Through the pages of this Newsletter, regional groups are working together, rather than in ignorance of each other.

Wherever is found skeletal deformity without an Orthopaedic service, a duty exists to support and to coordinate. For example, Dr Alaa Ahmad, representing the Palestinian Orthopaedic group, has been added to the database for reception of the Newsletter. Surely we are keen to offer support to Palestinian colleagues in their challenging situation, but it is important that collaboration should be through the International body, rather than any other national group, for fear of generating any domestic reservation. This is the reason that so much importance is put upon the principle of insisting upon personal invitation, as a prerequisite for any training visit.

WEST AFRICA

WOC/UK aims to run another instructional course in [Ouagadougou, Burkina Faso](#), in February 2107, associated with the 57th Meeting of the West African Surgical College, and their clinical examination, in February 2017. A prominent subject of the Course will be the management of pelvic (acetabular) fractures. Although many of the rural hospitals in Burkina Faso, are short of basics, such as crutches, it is important that anatomical principles of deep skeletal damage are covered.

Paul Ofori-Atta writes that the 57th Annual Scientific Conference of WACS planned 26th - 4th March 2017 in Ouagadougou, Burkina Faso, may be changed to accommodate a team from WOC(Netherlands) and from Switzerland.

Historical record; in response to several requests, we list the following distinguished members, realising that there may be some omissions and misspellings. We would be grateful for further details and comments.

**World Orthopaedic Concern, Honorary Fellowship,
awarded according to the established Constitution.**

Professor Arthur L. Eyre-Brook
Prof. Ron. L. Huckstep
Prof. K.T. Dholakia
Prof. Robert Merle d'Aubigne
Prof. Naoichi Tsuyama
Dr. W.R. Beetham
Dr. Balu Sankaran
Dr. Robert de Marneffe
Mr. J.N. Wilson
Dr. Kanda Pillay
Dr. Thamrongrat Keokarn
Dr. Andrew C. Ruoff
Dr. Paul Spray
Dr. Alvin J. Buhr
Mr. Geoffrey Walker
Dr. Ronald Garst
Dr. Garry Hough, III
Prof. T.K. Shanmugasunderam.
Prof. Rajasekaran Shanmuganathan.

ARTHUR EYRE-BROOK MEDAL, "awarded for outstanding contributions to Third World Orthopaedics" (described in Newsletter No 49, Oct. 1990).
Extracted from historical minutes: - "I take great pride in that the first Eyre-Brook Gold medal was awarded to Prof. Shamsuddin Ahmed of Bangladesh, whose contribution to orthopaedics in Bangladesh is immense. I believe that the E-B/WOC award was created to honour especial contributions in the field of Orthopaedics among its members."

Recipients;

1990	Dr. Shamsuddin Ahmed	(Bangladesh)
1991	Dr Ronald Garst	(Bangladesh, US)
1994	Dr. Vikram Marwah	(India)

1995	Ms Valerie Taylor	(Bangladesh)
1996	Dr Myo Myint	(Myanmar)
1997	Dr. Hein Raat	(Netherlands)
1998	Dr. Ashohe Sengupta	
1998	Dr. Longombe	(Zaire)
2005	Dr Jose A Socrates	(Philipines)
2005	Prof.Dr. Chairuddin Rasjad	(Indonesia)
2009	Geoffrey Walker	(Ethiopia, Bangladesh; UK)
2009	Professor Ron Huckstep	(Uganda et al; Australia)

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