ASEAN AMERICAN TRAVELLING FELLOWSHIP 2005

FELLOWS

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I wish to thank the Malaysian Orthopaedic Association for this opportunity to go on this fellowship. It was with some trepidation that I made the decision to go; having to leave family and work for one full month. Despite this continuous concern amidst the constant traveling and grueling schedule, it has been a very good experience in many ways.

The five Asean traveling fellows first met when we landed in Chicago. Though it was the first time that we were seeing each other face to face, we soon gelled together in meeting a sometimes daunting cultural environment. We became very supportive of each other and soon got to know each other very well, including our individual idiosyncrasies.

The next day we were brought to the Zimmer Headquarters at Warsaw, Indiana in an extra long limousine. The large sprawling complex housed the administrative and manufacturing facility in what was coined as the "orthopaedic manufacturing centre of the world". We were pleasantly surprised by the VIP welcome including our names on the electronic signboard and large flags of all the five Asean countries hung up at the entrance lounge! A very efficient guide brought us around and showed us in a stepwise manner, the genesis of a prosthetic joint from the drawing boards until its completion. It was sobering to find out that each prosthesis had its own individual mold and had to undergo a painstaking quality control process.

Our first stop at an academic centre was at Loyola University in Chicago. The Chairman (Head) of the Orthopaedic Department, Dr Terry Light, was a hand surgeon and also the second president elect of the American Orthopaedic Association. Our arrival coincided with the graduation ceremonies of the final year residents and we joined in at the presentation of their theses and the graduation dinner. It was a grand and touching affair as both the faculty and residents presented humorous caricatures of each other in a friendly atmosphere. On the weekend Saturday, = Dr Light brought us round Chicago. My preconceived ideas of a crowded city seething with crime was completely turned around by a beautiful, clean city which we saw. We were shown the Sears Tower and I was kind of proud that the Petronas Twin Towers had overtaken the Sears Tower as the tallest building in the world. The Americans were well aware of that fact too. In the afternoon we went to a baseball game and a body works exhibition at the Museum of Science and Industry; both costly affairs. They were prepared to splash money on us and we were very appreciative of it.

From Chicago, we flew to the University of Wisconsin at Madison. The chairman, Dr Thomas Zdeblick is a well known spine surgeon. He presented to us his series of disc arthroplasy patients. In subsequent visits to other centres the debate on fusion versus arthroplasty would constantly resurface. He had also done more than 300 cases of endoscopic spine surgery but was beginning to move towards minimally invasive surgery using small incisions which reduced the complication rate. The Orthopaedic Department had its own research laboratory which was manned by engineers and scientists who came under the purview of the Chairman of Orthopaedics. As we would later see, all the major centres of orthopaedic excellence would also have a prominent research arm as one of its features. On the second afternoon, the surgeons brought us "tubing" and jet skiing. Tubing simply meant being pulled by a speedboat while clinging on for dear life on a rubber raft.

The next stop was the famous Mayo Clinic at Rochester. It was a huge centre with many building complexes connected to each other via an underground subway (pedestrian) system so that patients would not be exposed during the severely harsh winter months. There were 1200 beds and 40 operating theatres running at full steam. Our host was the well-known musculo-skeletal tumour surgeon, Dr Franklin Sim. Two of us stayed in his house for a night. The centre had a particular commitment to medical education and had, by far the most comprehensive clinical skills and research laboratory (for Orthopaedics). It is not by accident that they have been able to produce such a plethora of world class literature over the years. They worked very hard too. On the second morning, we attended a tumour meeting which started at 7am

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(before the doctors started to go to the OT, and clinics). This was attended by residents, surgeons, radiologists and pathologists. A resident would present the history, physical examination and radiological findings and at each step, another resident would comment and venture into the diagnosis and differential diagnosis before the whole audience. Probing questions would be asked. It was like a viva and was good training for the residents.

From Rochester, we traveled west to Denver, Colorado near the Rocky Mountains. Our host was Dr Vic Patel, an Asian-American of Indian origin. He and his American wife, Liza, brought us, over the weekend, to the resort town of Vail in the Rocky Mountains. Vail lies in a high altitude and even in June, we saw a bit of snow. At night the temperature was less than 5 degrees C. We went on a very nice hike on a mountain trail, free of heat and insects.

From a place with temperatures near zero, we went to Phoenix, Arizona, with temperatures soaring to 40 degrees C. This was where the Mayo Clinic at Scottsdale was located. Being an offshoot of the main Mayo Clinic, it was much smaller; with plans to expand considerably over the next 40 years. It was important that one had good air conditioning in the car, house and office. The chairman, Dr Beauchamp was also a tumour surgeon and we had a good discussion of what he was doing. We were shown live surgery of a thigh soft tissue sarcoma in which intraoperative radiotherapy was used.

They had a large, newly built orthopaedic research laboratory well stocked with expensive equipment which was quite devoid of staff. It is interesting to note that the research facility was built first before staff was found to man it and not vice versa. Perhaps this indicated the emphasis they placed on research.

Our final city-stop was at Los Angeles. Here, we were hosted by the University of California at Los Angeles (UCLA) as well as the University of Southern California (USC). Both had large residency programmes (equivalent to our Masters programme).

UCLA had some very strong teams in various sports. As such, their Orthopaedic Sports Subspecialty was also well developed. I watched Dr Sharon Hame, an Orthopaedic Sports surgeon perform two shoulder arthroscopic surgeries and an ACL reconstruction over a morning operative session. On the two nights that we were there, dinner was hosted at the houses of two consultants, one at Beverly Hills and the other at Bel Air.

The University of Southern California has the largest orthopaedic department in the whole of the United States with 37 orthopaedic surgeons and 50 residents spread over five years). It has a large number of trauma subspecialists who "super" specialized in trauma to different regions. (such as shoulder and elbow trauma, hand trauma, etc). Here we had the opportunity of visiting a county hospital where the patients were less well off and often uninsured. Unlike the "private" university hospitals, the county hospital was more like a public Malaysian general hospital. Everyone entering the hospital had to pass through a metal detector screen for hand guns. This was in a poorer district with high gun-shot wound injuries. We saw many patients with septic arthritis, post operative infection (referred from other hospitals) and open fractures on external fixators. The hospital was old and rundown; the wards were crowded; the OTs were small and cramped; the doctors were haggard from overwork; the patients were unkempt; and there was even a housefly hovering over an open wound. But again, we saw that they worked very hard.

Our travels ended at the AOA meeting in Huntington Beach. Many influential orthopaedic surgeons were there, including Dr Ruslan, our MOA president and Dr Miles Dela Rosa, the POA (Philippines) president. The theme was on "leadership" and there were many interesting talks from non-orthopaedic personalities. The most meaningful delivery was a lecture on the leadership qualities of Sir Earnest Shackleton, the pioneer Antarctic explorer who took care of his men when they were lost and stranded and brought them back without a single loss of life.

LESSONS LEARNT

This has been a special experience. It has opened up my view of things; widened my knowledge and increased my understanding. It has helped to show us where we stand, where we can improve and where we can't. In some things, we might never catch up but in many other things, where we thought we have been deficient, we are alright. When we work hard and take pains to treat our patients well, we are able to do a good job too.

Training of the residents is a much more structured than our Masters programme. They take a common national Board exam at the end of their residency and there is a feeling of confidence that they have been "well-trained" when they graduate.

The most productive departments seem to be those where the emphasis is not on recruitment but more on making people stay. The heads of department have independence in making decisions and they play a major role in setting the tone of the department.

The employment of research engineers and related personnel working hand in hand with the surgeons is crucial to progress. On the surface, this seems to be a diversion of funds for much needed clinical work but in the long run, the strength and output of the department is enhanced.

The runaway costs of orthopaedic care was much discussion but had no answers. Perhaps Malaysia/ Asean could show the way and not let it get out of hand in the local context.

There has also been a special bonding amongst the five Asean traveling fellows, a friendship which we hope will last a lifetime. This may indeed be one of the major achievements of this fellowship. **E**