

# In the pursuit of knowledge: a guide to the British Elbow and Shoulder Society North American Travelling Fellowship

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## The application process and the award

I was fortunate enough to be awarded the prestigious British Elbow and Shoulder Society (BESS) travelling fellowship to North America. To be eligible to apply, one has to be either a post-FRCS SpR/Fellow or a junior consultant within five years of appointment. There is a detailed online application form: approximately ten shortlisted candidates are interviewed before one is chosen as the recipient of the award.

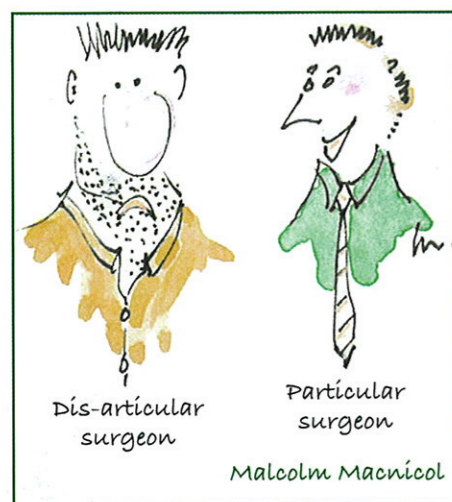
There is no doubt that I had more opportunities and doors opened to me as the recipient of this award. The institutions I contacted were familiar with the fellowship, and were very keen for me to visit. Once I arrived, I was taken more seriously and was perhaps given more attention than the other visiting fellows.

## Pre-travel checklist

Arranging a travelling fellowship to the USA can be a logistical nightmare. The amount of paperwork and time needed to arrange the trip decreases as the distance of the location from New York City increases. If you want to visit Texas you can pick up the phone and expect to sort everything out in the course of one conversation. However, if you want to go to the Big Apple, be prepared to fill out dozens of forms, do online courses and take drug tests.

Before flying, there are a few essentials to be considered. A camera with video capability and a notebook to jot things down are critical to document your experience.

A letter from the secretary/president of



The author with JP Warner and Buz Burkhead...

the awarding society and from the centre being visited is very useful for American immigration, especially if, like me, you are randomly selected for security checks before every transatlantic flight.

## The Trip

I split my fellowship into two parts each of three weeks, in November 2010 and March 2011 respectively. I was also invited to a cadaveric shoulder symposium in Naples, Florida so I tagged that onto the end of my travelling fellowship in 2011.

My first stop was Boston to see Dr Jon JP Warner, Chief of the Harvard Shoulder Service at Massachusetts General Hospital. This is a massive institution with over 50 theatres. However, it is extremely inefficient, with theatre turnaround times of up to three hours between cases.

JP Warner was very welcoming. He always had an entourage of fellows assisting him in theatre and clinic. He is a natural and enthusiastic teacher, and was keen to demonstrate clinical techniques and signs.

My next port of call was the Mayo clinic in Rochester, Minnesota. When you land at Rochester airport, you see nothing but farmland but it's a very short drive to a modern town, built around the Mayo clinic. It is the biggest employer in the area, and everything caters to it. Dr Shawn O'Driscoll is recognised as a leading authority in elbow surgery and research, and is arguably a genius. His understanding of the elbow is remarkable. We spent

the week discussing controversial topics in elbow surgery, which added volumes to my knowledge, and was the best private tutorial I've ever had. He is also a talented surgeon particularly around the elbow. I consider myself very fortunate to have had first-hand experience in how proficient he is with arthroscopic elbow releases and how he managed them post-operatively to get really impressive results.

The last stop on my 2010 trip was a visit to Dr Steve Burkhart in San Antonio, Texas. Dr Burkhart is considered the father of shoulder arthroscopy. He is the author of many major papers in shoulder arthroscopy and also the author of the 'Cowboy's Guide to Shoulder Arthroscopy'. He was a mechanical engineer before becoming a surgeon, and this has helped him design many instruments, implants, and techniques to make arthroscopy easier for the rest of us mere mortals. He is also a very skilled shoulder arthroscopist. Every operation was meticulously carried out; a true performance and a work of art. Astonishingly this, despite all his accomplishments, he is remarkably humble. He is also a very proud Texan and yes, of course, he owns a ranch. On my last day, he insisted on giving me a personal tour of the Alamo and other historical parts of San Antonio.

Finally, I visited Dr Louis Bigliani in New York. He is the chairman of Orthopaedic Surgery at Columbia University and an internationally recognised



with Shawn O'Driscoll...

expert in shoulder surgery. He was a fantastic host and a great surgeon, but it was his knowledge and enthusiasm for teaching that impressed me the most.

## What makes these surgeons and institutions so great?

I picked up an amazing number of surgical tricks and techniques during my fellowship. However, the main questions to which I wanted answers were: what makes these surgeons pioneers and what makes their institutions centres of international excellence? What is the magic formula? The answer is, in fact, quite simple.

The surgeons I visited had different and unique personalities. They also came in all sizes and from diverse backgrounds.

Similarly, their practice varied from large institutions, like the Mayo and Harvard, to the smaller private practice in San Antonio. However, there were certain common themes.

They all retain a tremendous enthusiasm for surgery and love to operate. They will not accept the status quo and are driven to improve their practice. They are innovators with patents and inventions that we use in orthopaedics today.

They all take research very seriously. The Mayo has massive dedicated labs, research scientists, and huge grants, while Dr Burkhart's team just have themselves and their fellows. Regardless, they all produce excellent research. To facilitate this, they have databases to collect the information.

Some of these were developed by the surgeons using their own resources.

They are also passionate about education and see every outpatient visit and operation as a teaching opportunity.

Finally, although they are practically deities within the surgical community, once you spend time with them you realise they consider themselves human. Their wealth of knowledge and experience is testament to decades of hard work and dedication.

The surgeons are supported by a great



...and with Steve Burkhart

infrastructure. The institutions I visited were very organised and my trips were carefully planned to make the best use of my time.

There was a multidisciplinary team approach to everything. These teams worked well together; they worked hard and they also loved their work. It might be easier to achieve this when you can pay well and have the power to hire and fire at will. Physician's assistants, specialist nurses and physiotherapists were commonly used to provide a service. This didn't seem to have any adverse effect on resident training. In fact, it meant that the residents were getting great training and spending less time on administrative and service commitments. Our standards of clinical practice are as good, if not better, and so far I still think we produce better surgeons in the UK, but we are trained for about twice as long.

## Why do a travelling fellowship?

It is important to realise that although you get a wealth of experience with a travelling fellowship, this is no substitute for a recognised training fellowship where one spends six months to a year operating. However, a travelling fellowship offers an opportunity to visit several places in a short space of time and can supplement training by providing a wide breadth of experience.

It is great to observe how other units are run in different parts of the world so one can use this practical knowledge to improve one's own practice. In the USA, it can be no more than an observership: you can't operate or assist, but by the end of the SpR training, one hopefully knows how to operate. What is needed is a short visit to see how expert surgeons do certain operations and to learn the tricks of the trade.

It was also a tremendous opportunity to see how these centres of excellence run their clinical service. Not only did I see some fantastic surgery and diagnostic skills, but I also gained insight into the outstanding research facilities and a multidisciplinary approach to complex problems, which in my opinion, makes these units stand out from the crowd.

It was also useful for making friends within the shoulder and elbow world, not just with the surgeons but also with some of their fellows and residents. Finally, it is a unique chance to represent one's unit and the UK.

I certainly hope to continue my travels to different institutions at least once a year and see this as a vital part of career development. I would therefore strongly encourage my fellow surgeons to do a travelling fellowship.

I would like to thank BESS for giving me the opportunity to travel and I am also grateful to my mentors for encouraging me to keep expanding my knowledge. ■