JAJS VOLUME 1 NUMBER 1 JANUARY 2014 ELSEVIER

JOURNAL OF ARTHROSCOPY AND JOINT SURGERY

JAJS

Official Journal of the International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty (ISKSAA)

Volume 1 | Number 1 | January 2014

ISSN: 2214-9635

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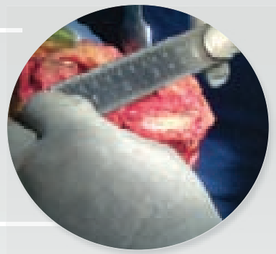

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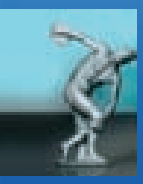

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Journal of Arthroscopy and Joint Surgery

An official publication of International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty

(ISSN: 2214–9635)

Volume 1, Number 1, January 2014

International Society for Knowledge for Surgeons on Arthroscopy and Arthrosplasty (ISKSAA) is happy to launch its official, peer-reviewed, scientific journal, *Journal of Arthroscopy and Joint Surgery* (JAJS), the first volume of which rolls out in January 2014. It is a bi-annual journal and is published by Elsevier, a division of Reed-Elsevier (India) Private Limited. JAJS welcomes contributions from across the world. The Editorial Board comprises of well-known experts from across the globe.

The Journal is committed to bring forth scientific manuscripts in the form of original research articles, current concept reviews, meta-analyses, case reports and letters to the editor. The focus of the Journal is to present wide-ranging, multi-disciplinary perspectives on the problems of the joints that are amenable with Arthroscopy and Arthroplasty. Though Arthroscopy and Arthroplasty entail surgical procedures, the Journal shall not restrict itself to these purely surgical procedures and will also encompass pharmacological, rehabilitative and physical measures that can prevent or postpone the execution of a surgical procedure. The Journal will also publish scientific research related to tissues other than joints that would ultimately have an effect on the joint function.

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Journal of Arthroscopy and Joint Surgery

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(ISSN: 2214–9635)

Volume 1, Number 1, January 2014

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Published by Reed Elsevier India Pvt. Ltd.

Printed at EIH Limited-Unit Printing Press, IMT Manesar, Gurgaon

Journal of Arthroscopy and Joint Surgery

An official publication of International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty

(ISSN: 2214–9635)

Volume 1, Number 1, January 2014

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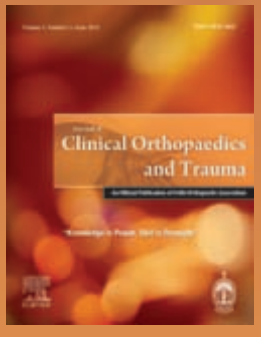

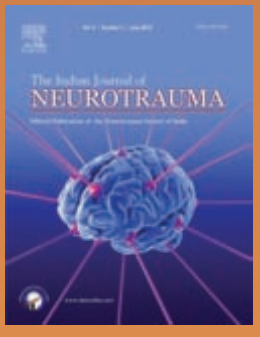

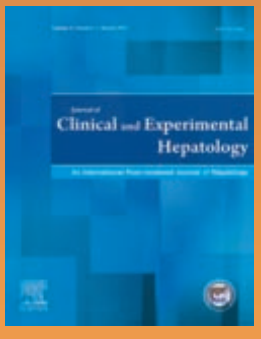

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Editorial

Note from Editors

It gives us great pleasure to welcome you to the first issue of the **Journal of Arthroscopy and Joint surgery** (*JAJS*). The *JAJS* is the official Journal of the 'International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty' (ISKSAA). Many of you would be familiar with the ISKSAA, which was created with the main aim of sharing knowledge among a global network of surgeons. It has made great strides in the last few years and the *JAJS* is a further step in this direction. With the *JAJS*, we hope to develop a trusted and respected International Journal which would be a source of the latest evidence for the orthopaedic community.

The focus of the Journal is to present wide-ranging, multidisciplinary perspectives on the problems of the Joint that are amenable to arthroscopy and arthroplasty. However, the Journal is not restricted to surgical procedures. We would also like to include topics relating to pharmacological, rehabilitative and physiotherapy measures that can prevent or postpone the need for surgical procedures and can help patients pursue their activities, relating to work or sport, unhindered.

The *JAJS* has an Editorial board of top global experts and is a peer reviewed journal. The Journal is being professionally managed by Reed Elsevier India Pvt. Ltd. The Journal is committed to bringing forth original scientific manuscripts in the form of research articles, current concept reviews, meta-analyses, case reports and letters to the editor.

In the first issue, we have been fortunate to have reviews and original articles from eminent surgeons who are experts in their fields. We would especially like to thank: Prof Simon Donell, President of British Association for the Surgery of the Knee; Mr David Limb, Chair, Education and Revalidation Committee, British Orthopaedic Association and Dr Sanjay Desai, Vice President, Indian Arthroscopy Society for their contributions. We look forward to the engagement of our readers in the future, both with submissions and suggestions for improvement. If you would like to comment on any aspect of the Journal or would like to get involved as a reviewer, please get in touch at: editorjajs@gmail.com.

We hope you enjoy this issue and find it educational and informative.

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2214-9635/$ – see front matter

http://dx.doi.org/10.1016/j.jajs.2014.01.002

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Comment

Continuing professional development in Trauma and Orthopaedic Surgery

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1. Introduction

Across the world training programmes in Trauma and Orthopaedic Surgery have been developed to produce surgeons capable of safe entry into the local workforce. However, no such programme delivers specialists capable of managing the full range of orthopaedic conditions from day one, and none arms the newly qualified surgeon with the knowledge and skills that will suffice for a lifetime of practice. Fellowships taken after the end of a training programme can significantly increase specialist capability and these are essentially further periods of formal training. Beyond these, surgeons keep up to date and fit to practice by involving themselves in Continuing Professional Development (CPD), and by the same mechanism they improve standards by focused learning in areas that are most relevant to their own, often unique, practice profile. CPD isn't therefore just about keeping up to date with the latest research by reading a journal (or the abstracts in a journal, or the occasional abstract that looks interesting and relevant) but it concerns the moulding of knowledge, skills, attitudes and behaviours to keep ones practice safe, up to date and of the highest possible standard.

2. Continuing professional development programmes

Thus a CPD programme is highly personal, as what is relevant to one surgeon may not be relevant to another working in the same department. What is relevant to one surgeon in one year may not be relevant the following year. What a surgeon identifies as a learning need in one year may be the acquisition of new knowledge (learning about new knowledge concerning the metabolic response to trauma and monitoring blood parameters of polytrauma patients as a tool to help decide when it is safe to operate, for example). The next year it may be a skill (surgical technique for a new implant that replaces one that has been used for many years). Concurrently a run of complaints may have led to one identifying, or being advised, that work needs to be done on consultation skills and interacting with patients and managers. It follows therefore that one cannot simply participate in a generic CPD programme and expect this to deliver everything needed to keep up to date and fit to practice (though such programmes may at least keep one fully informed of new knowledge across the speciality).

A CPD programme is unique to the individual and will involve learning across a range of activities including journal reading, attending meetings, discussion groups with peers, practical workshops, web-based activities and so on. Ones needs will vary from year to year and, to work best, some planning needs to be done to get the most out of CPD.

3. Planning continuing professional development

In order to make the most efficient use of ones time CPD should best be planned. Some surgeons are very good at subconsciously noting, as they go along, areas in which they need to develop and then subscribing to learning that address their needs both in developing their practice into new fields and techniques, and keeping them fully conversant with current concepts in their routine work. However, there is a natural tendency to focus on areas that are of particular interest and neglect those that seem mundane, or those

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http://dx.doi.org/10.1016/j.jajs.2014.01.001

elements of ones practice that one would give up at the first opportunity. It is dangerous to think that the parts of ones job that don't hold much interest can be ignored or relegated to practice by rote – if anything these areas might need proportionately more effort investing in them to ensure ones standards are maintained across the whole of ones practice.

Most surgeons therefore would benefit from taking time to sit down periodically and plan ones CPD. This will involve reviewing ones practice, scanning the horizon for new developments in ones field(s) of practice or planned development into new areas and reviewing ones performance to identify development needs that one had perhaps not been aware of. Using this information one can therefore set out a plan for the coming period of time and ensure that provision is made both for the further development of ones special interests but also the maintenance and raising of standards across the whole of ones practice. In many healthcare systems, as in many businesses, this is formalized as part of an annual appraisal. Even if one does not work in a system that demands such appraisal, the benefits from sitting down perhaps once a year and taking stock then planning for the coming year are immense.

In making a plan various things have to be taken into consideration, not least the availability of time and funds to devote to CPD. However, it is generally true that any surgeon who is motivated by the enjoyment of their job will always find the time, whilst resources are available for any budget down to zero. For most the plan will consist of identifying the needs for the coming period of time then deciding how to address the need, with an appropriate allocation of time and resources. It is helpful in these circumstances to think about the area of practice that is to be addressed and the environments in which the CPD can take place. Examples of grids that can be used to plan a stated allocation of time can be found on the websites of any of the UK surgical colleges or surgical speciality association websites (see Fig. 1). In the UK it is a requirement that all doctors provide evidence of participation in at least 50 hours of CPD activity that is directly relevant to their practice, and covers the breadth of their practice, every year.

4. The range of developmental activities

To ensure that the CPD plan is comprehensive, therefore, one could consider ones learning needs in different areas of practice. There is a tendency just to focus on clinical matters but very few have a job that involves nothing more than running clinics and operating lists, and even these activities require more than simply knowledge about the conditions being treated. Thus a plan might consider the following areas of practice-

Clinical – What we might think of as the trauma and orthopaedics in our jobs.

Academic – Research, presentations and presentation skills, teaching, examining, writing and reviewing, for example, all require skills. All require sound governance, probity and demand the surgeon to be up to date with relevant legislation and methods.

Professional/Managerial – Many aspects of professional practice are applicable to all doctors and skills should be developed and maintained by all. Thus it is just as important to keep abreast of how to practice safely, improve quality, fulfil and develop ones role in teams and maintain trust as it is to know which hip replacement is performing best according to registry data. Furthermore surgeons who develop their careers into management roles will need to develop relevant skills, as few will have undergone any formal management training in their careers beforehand.

The plan should also consider *where* and *how* the development will take place. This should also take account of ones individual learning preferences – not everyone learns best by listening to lectures (in fact hardly anyone does) and care has to be taken to determine where the best opportunities for the individual exist.

External – This is CPD at organized events outside ones workplace and is what many traditionally think of as their CPD. It includes meetings and conferences – both speciality association meetings, subspeciality meetings and meetings convened to deal with a specific topic. Generally this sort of CPD involves time away from treating patients and financial cost but also gives the opportunity to focus without external pressures.

Internal – Education at ones own workplace can be highly relevant. This not only includes journal clubs and postgraduate meetings, but a range of other activities that can be provided by the employer or arranged among peers. Meetings to discuss difficult cases and debate treatment options are an example of the latter, whilst the former may include locally held courses such as appraiser or management courses for those developing new professional roles.

Self directed – Journal and book reading is the prime historical example of this but with the advent of the internet a wide range of options have emerged that cater for a huge range of learning styles, often available at any time that suits the surgeon.

	External	Internal	Self directed	Total
Clinical				
Academic				
Professional/Managerial				
Total				Grand Total

Fig. 1 – A grid that can be used when planning and recording annual CPD activities.

Fig. 1 on the previous page therefore illustrates a typical grid that can be used to plan and document CPD. If needed, a number of points or hours of participation can be planned and/or recorded in the grid and this can be used to document intentions at the start of a CPD cycle and to check achievement at the end.

5. Documenting continuing professional development

The grid shown in Fig. 1 is a simple method for documenting how much CPD is planned or has been undertaken. This is useful for setting out ones intentions and for checking progress or documenting achievement at different stages in the cycle. However it does not record what development has taken place. It could be argued that the record that matters is the surgeons practice. If they are fulfilling their CPD needs adequately then their practice will be safe and up to date and they will work well in their teams and get on with patients.

For many, however, what is learned at one point in time may be forgotten if not reinforced. One method that positively reinforces learning in a way that is most relevant to an individual is reflection. This may take the form of a simple note made at the end of a meeting or other learning episode stating what the surgeon learned and how they plan to incorporate it into their practice. This can refer to changing clinical practice but it might refer to the fact that the surgeon has been stimulated to look deeper into a topic, or discuss something with colleagues before making a specific change. Simply by reviewing the CPD episode in ones head and deciding what to write in a note reinforces the take home messages and makes them more likely to be acted upon. Reviewing the notes again at a later stage, or at the end of the planned cycle, adds further reinforcement.

Taken further the whole process of reflection can become a rich seam of CPD in its own right. Something learned at one meeting may stimulate further reading, further activities, debates amongst colleagues and testing of changes to practice, all of which can be formally recorded if necessary as it genuinely is contributing to the surgeons' development as a professional. Few surgeons will have time to write formal reflective essays to be reviewed and acted upon though the year, but everyone should have time to at least jot down new information, ideas and notes about skills in a place and format that is accessible for later review.

6. Summary

Continuing Professional Development is a process of lifelong learning that most will undertake because of their natural curiosity and a desire to get better at what they do. With forward planning it can be undertaken with greater efficiency and can be used to positively identify areas for improvement that the individual may otherwise not have recognized. The discipline of planning and recording also ensures that surgeons take into account the whole of their practice, not just the areas that interest them most, and this makes for safer practice. In some countries this has been formalized into part of the annual appraisal and/or revalidation process. In many more countries such processes are in the developmental phase but with time it is likely that more and more of the world's surgeons will be required to plan and record CPD. However, even if it is not mandated it still carries enormous potential benefits to the surgeon, to the purchasers of healthcare and to the patients being treated.

Conflicts of interest

The author has none to declare.

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Tables: Each Table should be typed on a separate page and numbered consecutively in Arabic numerals. Each table should have a title and all abbreviations should be explained in the footnote. Necessary explanatory notes, if any, may be given below the Table.

Figures/Illustrations/Photographs: Photographs of 300 dpi or higher resolution may be submitted as 'jpeg', or 'tiff' files in a zipped folder. In clinical photographs, identity of the subjects should be suitably masked; in case this is not possible, a written permission from the concerned person should accompany the manuscript.

Legends to Figures: The Figure number (numbered consecutively in Arabic numerals), title and explanations of the Figures should appear in the legend (not on the Figure). Type the legends on a separate page. Enough information should be included to interpret the Figure without reference to the text.

Units: All measurements must be in metric units, preferably with corresponding SI units in parentheses.

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ISKSAA 2013

What our Faculty had to say……..

Hi Pushpinder,
You will be pleased to know that we arrived safely back in the UK and are left with fond memories of our first trip to India. It was a privilege to have been involved with such an excellent meeting and you should be congratulated on your superb organisational skills. I believe we are hosting some of the UK Travelling Fellows and you can be assured that they will be well looked after. I look forward to being involved again in the future.
With our most warm regards,
Rob & Nicky
Mr Rob Gregory
UK

What our Delegates had to say……..

Dear Sir,
I congratulate with warm wishes. It was wonderful congress of ISKSAA 2013. It is a great platform in India for young orthopaedics surgeons to perform and establish. I was a little hesitant to reveal my feelings but I finally decided to write. Live surgeries and workshops were very useful and knowledge updating. Faculties were excellent and specific. Dr Janak Mehta was very impressive and very specific (my personal opinion). In the coming years, it will be a more bigger show. Finally, I am thankful to be selected for the fellowship in UK.
Thanks a lot Sir.
Dr Ishwar Bohra

Dear Sir,
It was a great pleasure to participate in ISKSAA 2013. I would like to personally thank and congratulate you and Dr Lalit Maini for the grand success of the event. My best wishes for the future events.
With best regards,
Dr Padmakar Shinde

What our Trade partners had to say……..

Dear Dr. Bajaj,
We congratulate you once again for organising such a grand event. It was indeed a success!!
Thanks so much for your support for Biotek's participation in the event.
Regards
Shweta Patel
Biotek

What our ISKSAA Fellows had to say……..

"I appreciate the efforts that the organisers of ISKSAA have put in the arrangement of this fellowship. I am truly indebted to them to choose such good faculty in a center of excellence which has given me a new way of thinking in the management of my patients. I especially want to thank Dr Lalit Maini, Dr Pushpinder Bajaj for the energy they are spending in making the world a better place, I know it takes a huge effort. In the end, I would like to thank Mr Kapil Kumar, a fantastic teacher and a helpful mentor with a clear conscience that reflects in whatever he has done for us. It is a lifetime treasure which will stay with us till time immemorial."
Dr Vibhore Singhal
ISKSAA Aberdeen Fellowship UK (May 2013)

International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty

ISKSAA 2014

9th International Symposium

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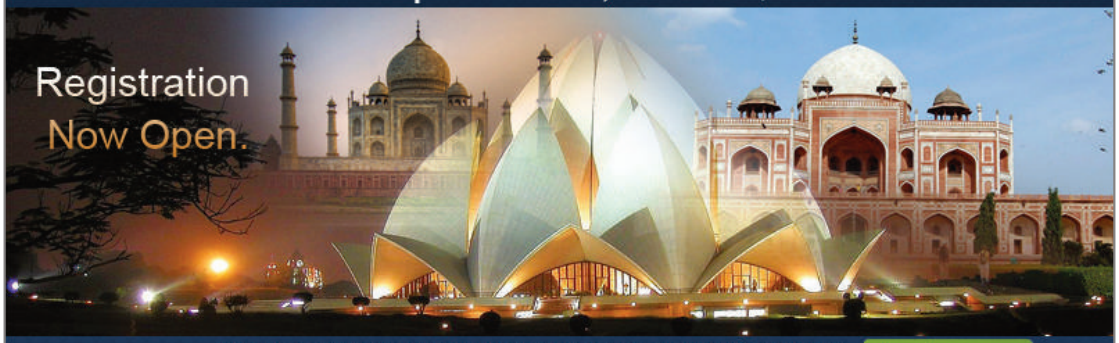
Dr Pushpinder Bajaj
ISKSAA PRESIDENT

Dr Lalit Maini
ISKSAA CHAIRMAN

4th - 7th September 2014, New Delhi / NCR



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- PRECONFERENCE **CADAVERIC** WORKSHOPS
- **LIVE SURGERIES** TRANSMITTED DIRECTLY FROM UK ,AUSTRALIA AND EUROPE (PROPOSED)
- **50 CLINICAL FELLOWSHIPS** FOR ISKSAA MEMBERS IN USA ,UK , AUSTRALIA , EUROPE AND INDIA
- **ISAKOS / ESSKA** SESSIONS

CONGRESS PROCEEDINGS...

- **800** PLUS ATTENDANCE
- **40** OVERSEAS FACULTY
- **30** LIVE SURGERIES
- **30** WORKSHOPS/ICL/ CADAVERIC SESSIONS
- **30** TRADE EXHIBITORS
- BASIC ARTHROSCOPY / ARTHROPLASTY COURSES
- ORTHOPAEDIC QUIZ
- PAPER & POSTER PRESENTATIONS WITH AWARDS

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ISKSAA International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty

ISKSAA (**I**nternational **S**ociety for **K**nowledge for **S**urgeons on **A**rthroscopy and **A**rthroplasty) is a society of orthopaedic surgeons from around the world to share and disseminate knowledge, support research and improve patient care in Arthroscopy and Arthroplasty. With already over **400 members** (India & Overseas) in the first year, ISKSAA should stand out as a major body to provide opportunities to our younger colleagues in training, education and fellowships.

Our Goals……

- To provide health care education opportunities for increasing cognitive and psycho-motor skills in Arthroscopy and Arthroplasty
- To provide CME programs for the ISKSAA members as well as other qualified professionals
- To provide Clinical Fellowships in Arthroscopy and Arthroplasty
- To provide opportunities to organise and collaborate research projects
- To provide a versatile website for dissemination of knowledge

ISKSAA Life Membership

The membership is open to Orthopaedic Surgeons, Postgraduate Orthopaedic students and Allied medical personal interested in Arthroscopy & Arthroplasty.

Benefits of ISKSAA Life membership include…

- Free subscription to the Journal of Arthroscopy & Joint Surgery (**JAJS**), the official publication of ISKSAA
- Eligibility to over **40 Clinical ISKSAA Fellowships** in India, UK, Australia and Europe
- Discounted Registration fees for **ISKSAA 2014, New Delhi** (4th – 7th September 2014) and other ISKSAA courses and workshops
- Receive the semi-annual **ESSKA** (European Society of Sports Traumatology, Knee Surgery and Arthroscopy) newsletter
- Access to **Member's only section** on the website which has access to the conference proceedings and live surgeries of ISKSAA 2013 & ISKSAA 2012 along with a host of other educational material
- Important opportunity for interaction with world leaders in Arthroscopy & Arthroplasty

To enjoy all the benefits & privileges of an ISKSAA member, you are invited to apply for the Life membership of ISKSAA by going to the membership registration section of the website and entering all your details electronically. All details regarding membership application and payment options are available (www.isksaa.com)

ISKSAA Clinical Fellowships

ISKSAA will be offering **40 Clinical Fellowships** ranging from 2 weeks to 3 months in India and abroad (UK, Australia, Europe and South Korea) only for ISKSAA Life members. All details of application will be available on the website (www.isksaa.com) from 1st April 2014.

ISKSAA 2014 Fellowships (Proposed)

Code	Fellowship	Field of Orthopaedics	No. of Posts	Country
001	**ISKSAA Flinders Fellowships**	Arthroscopy & Arthroplasty - Knee/Shoulder	2	Australia
	Duration	2 Months		
	Chief Coordinator	Prof J Krishnan		
002	**ISKSAA Australia Travelling Fellowships**	Arthroscopy & Arthroplasty - Knee/Shoulder	2	Australia
	Duration	4 Weeks		
	Chief Coordinator	Prof J Krishnan		
003	**ISKSAA Sportsmed Fellowships**	Arthroscopy, Arthroplasty & Sports Medicine	2	Australia
	Duration	2 Weeks		
	Chief Coordinator	Dr Nick Wallwork / Dr David Martin		
004	**ISKSAA Durham Travelling Fellowships**	Arthroscopy & Arthroplasty - Knee	4	UK
	Duration	2 Weeks		
	Chief Coordinator	Mr Sanjeev Anand		
	Description	2 Fellowships Would Include The Annual Meeting of **BASK** with Free Registration and 2 Fellowships Would Include Annual Meeting of **BOA** with Free Registration		
005	**ISKSAA Aberdeen Travelling Fellowships**	Arthroscopy & Arthroplasty - Shoulder	4	UK
	Duration	2 Weeks		
	Chief Coordinator	Mr Kapil Kumar		
	Description	2 Fellowships Would Include A 2 Day Stint At Munich with Cadaveric Lab		
006	**ISKSAA and ESSKA Fellowships**	Arthroscopy & Arthroplasty	2	Europe
	Duration	2 Weeks		
	Chief Coordinator	Prof J Mendes		
007	**ISKSAA Linvatec Fellowships**	Arthroscopy & Sports Medicine - Shoulder	2	South Korea
	Duration	6 Weeks – 3 Months		
008	**ISKSAA Tel Aviv Shoulder Institute Israel Fellowships (Tornier)**	Arthroscopy & Arthroplasty - Shoulder	2	Israel
	Duration	2 Weeks		
	Chief Coordinator	Dr Eran Maman		
009	**ISKSAA UK Travelling Fellowships**	Arthroscopy & Arthroplasty - Knee & Shoulder	2	UK
	Duration	2 Weeks		
	Chief Coordinator	Mr Ved Goswami		
010	**ISKSAA Wrightington Travelling Fellowships**	Arthroscopy & Arthroplasty - Shoulder	2	UK
	Chief Coordinator	Mr Lennard Funk		
011	**ISKSAA Delhi Travelling Fellowships**	Arthroscopy & Arthroplasty	4	India
	Duration	2 Weeks		
	Chief Coordinator	Prof Lalit Maini		
	Location	10 Centres of Excellence at Delhi		
012	**ISKSAA Mumbai Travelling Fellowships**	Arthroscopy & Arthroplasty - Shoulder	2	India
	Duration	2 Weeks		
	Chief Coordinator	Dr Sanjay Desai		
013	**ISKSAA Delhi Fellowships**	Arthroscopy & Arthroplasty - Knee & Shoulder	4	India
	Duration	3 Months		
	Chief Coordinator	Dr Pushpinder Bajaj		
014	**ISKSAA Biotek Travelling Fellowships**	Arthroscopy - Knee/Shoulder	2	India

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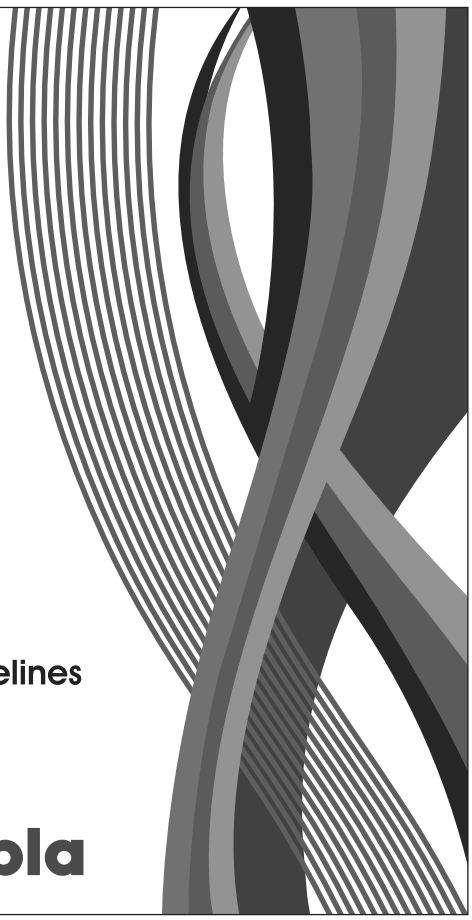

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1. Bone 2008;42:S17-S110.
2. Bone 2007;40(5):S19-S20.

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