



# SICOT E-NEWSLETTER

**JULY 2021**

**SICOT  
CONGRESS  
NEWS**

**SICOT BOARD  
OF DIRECTORS**

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**41<sup>st</sup>**  
**SICOT**  
ORTHOPAEDIC  
WORLD CONGRESS

**15-18 SEPTEMBER 2021**

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**ASHOK JOHARI (INDIA)**  
SICOT President

## **Straight from my heart!** **Leadership and SICOT**

Leadership is a universal need. It is required by organisations, institutions and nations. SICOT is no exception to this! Leadership is provided by a few of its members who venture outside their daily spheres for different reasons. There are always those who have a broad perspective and a genuine desire to do something worthwhile and good. Then there are others for whom to lead is to have the spotlight focused on them which they enjoy! At other times, it is a means to advance your professional career by networking, creating collaborations and ties. And for some, leadership is a challenge which provokes mature thoughts and appropriate actions.

Every professional organisation has objectives which are noble and far reaching. SICOT's objectives are the exchange of ideas and interaction amongst its members, global education, promotion of research and better patient care by these means. The broad idea is to give to all corners of the globe the available orthopaedic expertise for the benefit of the world at large. The leadership agenda is hence well drawn out. Since the objectives are so broad and comprehensive, the organisational work, of necessity, has to be divided between functional units. For SICOT these units are the committees, academies and councils. Each of these functional units provide opportunities for leadership and development. The similarity of structure between a corporation and SICOT may be apparent, but the objectives differ, with finances not being the be all or end all but rather a means to meet SICOT's objectives.

How are leaders made? Leaders have ideas and vision. Leaders are ready to collaborate and put in the hard work which is required of them. They are ready to learn from others with all humility because they are charged with advancing the goals of their units and organisation. They need to be able to communicate their ideas and vision and why they are doing what they are doing, discuss their ideas in the open and be always ready to modify these along the way, based on critical inputs and suggestions.

Leaders need to be creative, communicative, collaborative and critical. Leadership skills are required, a lot of which can be learnt. Leaders are also mentors who support those with potential and train them for future leadership. Where does a future leader acquire the skills necessary for this leadership? It is possible to acquire skills on the job if one is conscious of the need for these skills and their improvement. However, experiential leadership is difficult.



On the other hand, the organisation also can be proactive to provide the resources necessary for future leaders. Experts can speak to aspiring leaders on creativity, creating collaborations, critical thinking, the art of communication, empathy, economics and finance, information technology, innovation, management, mentorship, psychology, social sciences, succession and a host of other issues connected with leadership. SICOT has enough senior leaders, besides there are the external experts, who can look at leadership in a professional way. Within SICOT what we need is an entity which can promote this interaction and under whose banner dissemination of leadership ideas and skills occurs imperceptibly. This will be the training ground for future leaders, as also a platform for senior leaders within SICOT.

What do we call this entity?

I invite your suggestions and comments.

Please email me on [sicot2013@gmail.com](mailto:sicot2013@gmail.com)



# SICOT CONGRESS NEWS



**GOW THEVENDRAN (SINGAPORE)**  
SICOT Programme Committee Chair

## Preliminary Scientific Programme



It is with great pleasure that I present the [Preliminary Scientific Programme](#) for the 41st SICOT Orthopaedic World Congress which will take place both in Budapest, Hungary, and online on our bespoke event platform from 15-18 September 2021!

Designing and executing a scientific programme is akin to writing a movie script. Different plots, casts and exciting moments all with a memorable storyline. This year, there is the added sub-plot of the COVID-19 pandemic, and how to write a programme that takes this and the new challenges we all face into account. The SICOT story has always been one that celebrates diversity and democracy of ideas through its strong research and education academies. Unlike any other traditional organisation beyond its 90th anniversary, SICOT has evolved remarkably from a society of orthopaedic generalists to presenting a bespoke scientific programme that is current, strong in scientific muscle and yet caters for the wide and truly global audience that SICOT embraces. This year, for the first time, we will take advantage of emerging virtual technologies as well so that we can continue to reach as many people as possible despite travel limitations. This will be the first hybrid Orthopaedic World Congress, with both face-to-face and virtual elements.

I am excited to confirm our Plenary Speakers; Dr Kevin Tetsworth (Australia), Professor Laszlo Hangody (Hungary) and Dr Onder Aydingoz (Turkey). All three are incredibly experienced and respected leaders in their own fields; I think we can look forward to some truly stimulating lectures from them. The Instructional Programme will include the usual diversity of key opinion leaders, local and international speakers, and we will be continuing our relationship with many of the Partner Societies who have put on such fantastic sessions in the past. The Specialty Chairs have been particularly creative in their presentations this year, and alongside the traditional lectures you will find debates, round tables, videos, live polls and case discussions. We will reprise some of the other most successful face-to-face features from the last few years' programmes, including the Cadaver Labs. The theme for the 2021 Educational Day will be 'Shoulder & Elbow'.

Finally, I must add, this feat is no accomplishment of just one individual. Michael Jordan famously said, 'Talent wins games but intelligence and teamwork win championships'. Tireless support from my co-chair Peter Yau, the SICOT Head Office, the guiding hand of the Education Academy Chair, the indefatigable programme coordinator Rebecca White and yourselves, our immensely supportive membership, are and will be the reasons why Budapest 2021 will be an unforgettable story. I hope you are all as excited as I am to visit Budapest (even if virtually!); it is going to be wonderful and inspiring to come together, share ideas, educate, be educated and of course catch up over a glass of Torley!

See you in September!

**Registration is open here!**

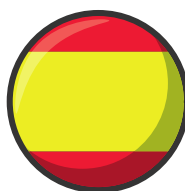
# NEWS FROM THE HEAD OFFICE

## New Appointments

SICOT welcomes the new SICOT National Representatives who have joined the International Council since March 2021:



Ali AL-HAMDANI (Denmark)



Oliver MARIN-PENA (Spain)



Ivan GEROV (Bulgaria)



Daniel MOYA (Argentina)



In-Ho JEON (South Korea)

The new Chair of the Computers and Enabling Technologies  
Subspecialty Committee is Zachary Post.

A big congratulations and thank you to all!

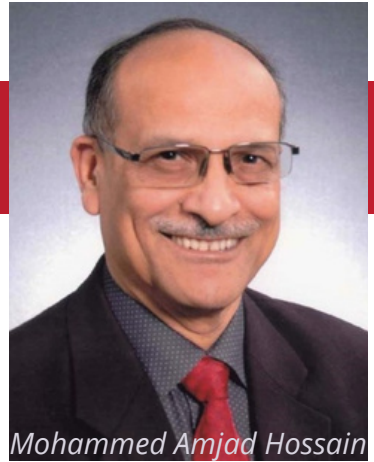
*thank you!*





# SICOT BOARD OF DIRECTORS

## Bangladesh Independence Award granted to the SICOT Vice-President of Asia Pacific



Mohammed Amjad Hossain

The Independence Award is the highest state award given by the government of Bangladesh. Introduced in 1977, this award is bestowed upon Bangladeshi citizens or organisations in recognition of substantial contribution to one of many fields, including the War of Liberation, the Language Movement, education, literature, journalism, public service, science and technology, medical science, social science, song, games and sports, fine arts, rural development and other areas.

A cabinet committee on national awards prepares the list of each year's nominees and forwards the list to the head of the government for final approval. The award is traditionally presented on the eve of Independence Day (26 March) in Bangladesh at a much publicised ceremony attended by several cabinet and parliament members and distinguished society guests.



## Prof M. Amjad Hossain's contribution to achieve The Independence Award, 2021 in social service

Prof Hossain actively participated in the liberation war of Bangladesh in 1971, receiving a bullet injury during the conflict. He worked as an honorary consultant to war-injured freedom fighters from 1981 to 2007 on behalf of the Freedom Fighter Welfare Trust. He is treating freedom fighters free of cost today.

To improve the education of Bangladeshis he established the A-B Foundation in 2000. He established the Amena-Baki (A-B) Residential Model School & College to improve education in very remote areas of Bangladesh. He also established 12 preschool child development centres, a sewing training centre for women and the Dr Amjad Polytechnic Institute of Applied Science for the unemployed young.

An expert team of surgeons, led by Prof Hossain, have carried out more than 4,000 joint replacements (hip and knee). He has done more than 100 joint replacements himself in different hospitals all over Bangladesh, free of cost.

Prof Hossain has been working with AO Alliance since 2015. He also worked with AO SEC and AO Trauma. At present, he is the Chair of AOA and the Bangladesh National Core Committee and a member of the Steering Committee of AOA Asia. Under the banner of AO Alliance, he has contributed considerably to accident and trauma management and arranged quality training programmes for orthopaedic surgeons and residents all over the country, thus improving the knowledge, surgical skills and fracture care in Bangladesh.

Prof Amjad Hossain has been a member of SICOT for more than 20 years. He was elected and is still serving as the National Delegate of SICOT for Bangladesh. He was also elected as the Vice-President of SICOT (Asia Pacific) last year. Under the banner of SICOT he is actively working to disseminate world class fracture care to the young surgeons of Bangladesh.



# SICOT COMMITTEE NEWS



## **ALAA AZMI AHMAD (PALESTINE)**

**SICOT Spine Subspecialty Committee Chair**

### **Spine Subspecialty Committee**

The Spine Subspecialty Committee was established in 2012 with Professor Rajasekaran as the first chair. Since then, Professors Evalina Burger and Vikas Patel joined as the second and third chairs, respectively. Since 2012, the main efforts of the committee have been centred around selecting faculty speakers, moderators and the most promising papers for the SICOT annual meetings, as well as ensuring that the spine programmes are well attended.

Most recently, two webinars were held in 2020 as SICOT PIONEER activities and under the chairship of Professor Patel. The webinars focused on the role of artificial intelligence in spine surgery and early onset scoliosis, and they benefited from strong attendance and constructive discussion and feedback.

Towards the end of 2020, Professor Alaa Azmi Ahmad was elected as the new chair and began establishing a group which, in accordance with the guidelines of SICOT, incorporated two representatives from each continent. The representatives are all well-known surgeons in the spine field regionally and globally and we are proud to have three female surgeons in our group representing Africa, Latin America and North America. Professor Alpaslan Senkuylo was elected as vice-chair, and is a well-known surgeon in Turkey and globally.

Currently, we are working within the efforts of SICOT to promote education and spinal services in LMICs. We also work to institutionalise sharing knowledge between members from different regions and surgeons from other organisations. Recently, a memorandum of understanding (MOU) was established between the SICOT Spine Subspecialty Committee and the Scoliosis Research Society (SRS) with the early onset scoliosis webinar marking the beginning of our joint activities.

Our activities and connections globally are numerous and growing. Dr Dorcas from Kenya has played a big role in involving our committee in running a spine symposium during the annual Kenya Orthopaedic Association meeting, which will be held in October of this year. Our committee members from Latin America have done excellent work in planning for the first blended learning course for paediatric spine, which will be held with the collaboration of the Paediatric Orthopaedic Society of Latin America. This course will involve more than 40 surgeons from Latin America, with faculty from our committee and other well-known paediatric spine surgeons from the region. In India, our committee member Prof Garg is planning an early onset scoliosis course that provides updated knowledge to Indian surgeons about this interesting subject.

Our chair will actively participate in the spine week that will be held in Egypt at the end of July this year through planning the early onset scoliosis activity that will include some of our highly experienced members.

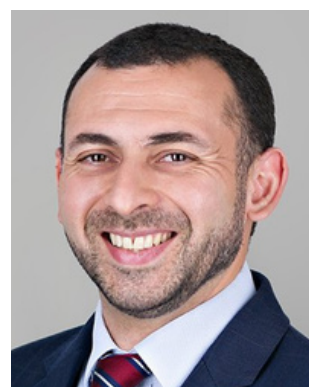
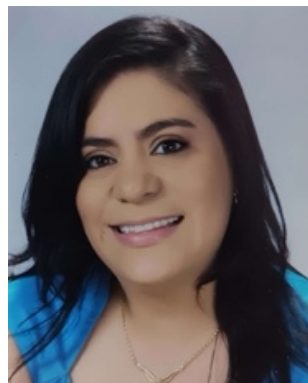
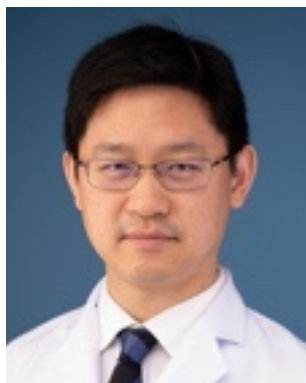


Regarding the annual SICOT Congress in Hungary, the Spine Subspecialty Committee has completed the preparations for the titles, faculty names and moderators for the four spine symposiums.

Our plans for the year are related to our global activities and completing the blended courses in Latin America, India and our activities in Kenya. Throughout, we will continually assess our work in an effort to learn how to improve it, and will also focus principally on how to best incorporate artificial intelligence in our programmes.

Our achievements and portfolio of work so far have persisted and grown despite the challenges of the global pandemic, and we expect to have an extremely fruitful year in all of our global programmes. We are also looking forward to more involvement from our SICOT members, and we are open to any suggestions to ensure the committee is truly representative of all SICOT members interested in spine.

### Members of the Spine Subspecialty Committee



First row (left to right): Okechukwu Nowankwu, Jason Cheung, Arizt De Loeola, Bhavuk Garg  
Second row (left to right): Evalina Burger, Dorcas Chomba, Norman Ramirez, Mohammad Diab  
Third row (left to right): Alpsalan Senkoylu, Ahmed Jawhari, Essam Elsherif, Hanny Anwar

# SICOT BY REGION



**ERIC TORTOSA (PANAMA)**

SICOT National Representative of Panama

## The Future of SICOT in Panama



Welcome to Panama! Located between Central and South America, with shores on both the Atlantic and the Pacific Oceans, it truly is the 'Hub of the Americas'. After becoming an independent nation in 1903 we soon gained the attention of the world with the inauguration of the Panama Canal in 1915, which became a magnet for economic growth and continues to be the main source of income for the country.

Our current estimated population is 4.28 million inhabitants. Of those, approximately 1.86 million live in the capital city. The UN ranked Panama number 59 out of 172 countries in 2000. Yet, despite being considered by the World Bank as a high earning country (per capita GDP 3,513.00 USD), we are still a third-world country plagued with many social inequalities.

The health of our population is dependent upon a triple system. The Ministry of Health serves the needs of the general population, while the Social Security Service (established in 1941 and in dire need of restructuring) looks after the needs of workers and their families insured by business owners. Private medical insurance is available to a growing, but still limited, segment of the population.

At present, the country has about 250 orthopaedic surgeons. Of these, over 50% work in the main city and metro area. The Panamanian Orthopaedic Society was founded in 1960 and has since collaborated with other national and international societies. Some of our most important partner societies include the American Academy of Orthopedic Surgeons (AAOS), as well as several regional giants such as the Colombian Orthopaedic Society (SCOT), the Mexican Orthopaedic Society (SMOT) and the AO Trauma group, among others.

I had the privilege of joining SICOT in time for the 2002 Meeting in San Diego while still a trainee. Looking back, joining SICOT has been one of the most important and rewarding decisions in my professional life. I was fascinated right from the start by the variety of different nationalities represented, the accessibility of the speakers to the participants, and the ambience of camaraderie between colleagues from all over the world who shared very similar realities, challenges, and limitations in their daily practice, but somehow still managed to find a solution to that problem that always eluded you, and that would work within your reality.

After being a member of SICOT for nearly 20 years, I had the honour of being designated as National Delegate for our country in September of 2020. This came about during the worst times of the second wave of the COVID outbreak in our country.

## Challenges to the SICOT orthopaedic community in Panama

Despite having a truly worldwide membership, SICOT's presence in Central and South America is small compared with many other international societies. Socioeconomic matters do not make it easy to follow SICOT's yearly intercontinental activities on a regular basis. SICOT activities in the region are few and far between. Additionally, the huge impact the COVID-19 outbreak has had on travel and medical educational activities for the last 18 months must also be considered. The language barrier is another factor to consider, Spanish being the common language throughout the region.

After analysing the different challenges SICOT face locally I have established the following goals for my term as National Delegate.

### Recruitment of new members

National membership is now up to eight members, putting us on a par with countries like Mexico, Brazil, Colombia and Chile. While only a small number, it represents a huge triumph for us.

### Improving relations between SICOT and the Panamanian Orthopaedic Society (SPOT)

As collaborator for SPOT in several committees we have strived to improve communications between the SICOT leadership and past international visitors and the SPOT leadership to promote activities of mutual interest.

### Collaborating with SICOT PIONEER

The SICOT PIONEER initiative offers the perfect tool to gain access and garner interest in the Society's activities in the Region. Preliminary talks for a webinar, or series of webinars, directed at native Spanish speakers are being considered.

### Organising a regional SICOT event

Within the context of prior international and national meetings, distinguished guest speakers from SICOT have in the past visited us. With time, we do hope to be able to host a better organised regional SICOT event soon.

### Increasing national participation in future SICOT meetings and activities

With a growing roster of new young surgeons with different subspecialty interests we hope with time to increase participation within the different activities and committees of the Society.

**In conclusion, we are aware of the many benefits of active participation within SICOT and are willing to collaborate to help grow SICOT's presence within our country, as well as regionally. It's not an easy task, but we are confident that with time our objectives will be reached.**







**VIKAS KHANDUJA (UNITED KINGDOM)**  
SICOT Education Academy Chair

## World-Class Webinars from World-Leading Surgeons!

Since the last SICOT e-Newsletter we have held four more successful online events under the SICOT Programme of Innovative Orthopaedic Networking, e-Learning, Education and Research.

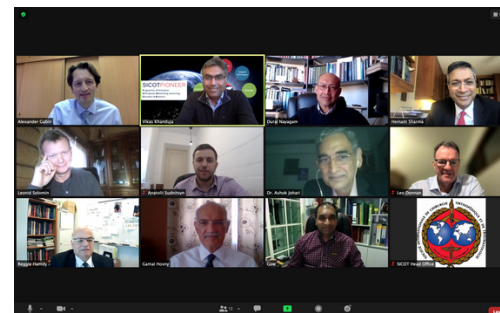
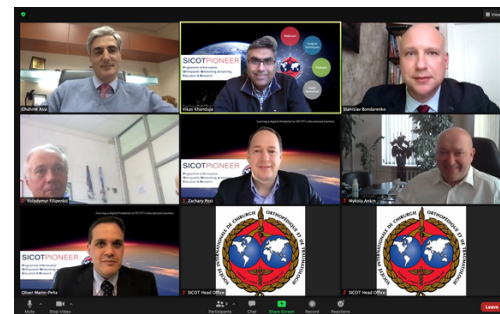
On Saturday 3 April we held our fourth webinar on the topic of the hip, but our first in partnership with the Ukrainian Association of Orthopaedic Surgeons, 'The Complex Primary Total Hip Arthroplasty'. Masterminded by Ukrainian SICOT National Delegate, Stanislav Bondarenko, the session involved the usual lively mix of free papers and lectures.

On Saturday 24 April we celebrated a 'Century of Ilizarov' with the Eurasian Orthopaedic Forum (EOF); a partnership which was further cemented by the Forum's invitation to SICOT to provide a panel of faculty for their main meeting in June. In this extra-special extended edition of our well-known webinar format, we heard from world-leading faculty on the revolutionary orthopaedist Gavriil Abramovich Ilizarov.

We held the second chat show in our 'Tête-à-Tête' series on Saturday 15 May, '30 Minutes with Mohit Bhandari'. Our very own SICOT Research Academy Chair gave hosts Vikas Khanduja and Gowreeson Thevendran an insight into his background and education, how he stays motivated and how it's possible to thrive at work and at home.

The first of a series of five exciting webinars in partnership with AO happened on Saturday 22 May and covered 'Clavicle Fractures'. A great opening to this collaboration, the event featured the usual brilliant key-opinion leaders from as far apart as Canada and Hong Kong.

Certificates of Attendance are available for all webinar viewers, and you can catch up on all of the SICOT online events on-demand on the [PIONEER Panopto platform](#) via the SICOT website. So, if you missed the live shows, what are you waiting for?!





**GOW THEVENDRAN (SINGAPORE)**  
SICOT Programme Chair



**VIKAS KHANDUJA (UNITED KINGDOM)**  
SICOT Education Academy Chair

## 30 Minutes with Mohit Bhandari!

*"I've been a lifelong champion of scholarship at McMaster University 1988-present with a personal vision to be a lifelong learner, dedicated scholar, passionate mentor, and a creative leader". (Prof M. Bhandari)*

On Saturday 15 May 2021 we held the second in our SICOT PIONEER Tête-à-Tête series, '30 Minutes with Mohit Bhandari'.

The PIONEER Tête-à-Tête, SICOT's version of a chat show, is a less formal online format than the traditional webinar; with hosts and key opinion leaders discussing life, careers and the most pressing issues in orthopaedics today. With these shows, we hope to bring you the real-life stories behind some of our most respected surgeons and to inspire SICOT members to put themselves out there and get involved, to keep learning.



Professor Mohit Bhandari currently serves as Professor and Chair of Surgery at McMaster University, Ontario, Canada. He is often acknowledged as one of the top ten most cited orthopaedic surgeons in the world, publishing over 1,000 papers and has lead edited several of the field's major research textbooks, including the best-seller Evidence-Based Orthopaedics. These days, Prof Bhandari is better recognised as a thought leader in the promotion of evidence-based surgery, through his founding of OrthoEvidence and Global Research Solutions, with the aim to allow rapid dissemination of the best evidence and to provide the highest quality research consulting to ensure accurate development paths for novel or existing therapies in orthopaedics.

With all of this going on, and with so many goals and aims, how does Prof Bhandari maintain a healthy work-life balance? During the Tête-à-Tête, Prof Bhandari told hosts Vikas Khanduja and Gowreeson Thevendran about his 'pen and paper' method of self-reflection that keeps him on track and focused: "when you are writing, everything has power; when you pause and put pen to paper and think". By reviewing his own personal "vision statement" regularly, and when opportunities arise asking "is this consistent with my vision?", Prof Bhandari says he is able to keep moving forwards to achieve his goals. He also says that he believes that in life, it is 20% of our activities that gives us 80% of our joy; we should be asking ourselves every week, am I making sure I'm fitting in some of that 20%?

Later in the interview, Dr Thevendran asked Prof Bhandari about inspiring young surgeons to get involved with orthopaedic research, reminding him of a visit to Singapore, when he suggested "one ought to love the problem and not the solution". Prof Bhandari suggested trainees shouldn't be afraid to take a chance and join projects if they want to; it doesn't have to be a sideways step career-wise as some surgeons will tell you, and that every day we should "try new things". He also reminds us to do what we enjoy: "If you never think about having fun, you'll never have fun!". He encourages all surgeons to keep networking, reminding us that being part of SICOT keeps us "plugged in" to a multi-disciplinary, multicultural, multinational network.

OrthoEvidence (which can be accessed for free by SICOT members) was born of Prof Bhandari's realisation that "just because we publish research doesn't mean people get or access it". He told Mr Khanduja he created it as a portal to gather the best information, have it summarised by someone you can trust, filtered and sent to your inbox every week. As well as reporting on the most recent randomised controlled trials, it now also includes original content, podcasts and more.

If you want to watch the full show, hear more from Prof Bhandari, and see how he answered the hosts' 'rapid fire' questions, you can watch it on-demand [here](#)!



# SICOT PIONEER





**GOW THEVENDRAN (SINGAPORE)**  
SICOT Programme Chair



**VIKAS KHANDUJA (UNITED KINGDOM)**  
SICOT Education Academy Chair

## SICOT PIONEER LMS Update

The SICOT PIONEER Learning Management System: a work in progress!

As you may be aware, a few months ago the SICOT Executive Committee approved us to begin work on a new PIONEER online platform, on which we can host our webinars, video archive, podcasts, a discussion forum, a new accredited virtual training programme, an online exam and surgical technique resources.

The SICOT PIONEER Learning Management System (LMS) Taskforce have been working hard along with Stratagile, our LMS developers, to build this cutting-edge platform, and things are going well. In recent weeks, the Taskforce has been focusing on the homepage and an online version of the SICOT Diploma Examination. As you can imagine, there are a lot of things to consider and get right, and we would like to get this perfect!

In the future, we anticipate the vast majority of our educational delivery will be virtual. Many new advantages of being part of a larger orthopaedic ecosystem such as fostering of a mentor-mentee virtual relationship, virtual training as a means of progressing up the surgical learning curve and even virtual fellowships as a precursor to face-to-face fellowship training will be the norm in SICOT education.

We held a productive SICOT Education Academy meeting on Friday 28 May to brainstorm ideas for the LMS from the SICOT hive mind! We really believe that the investment in a sophisticated online platform like this will mean we can provide SICOT Members with meaningful education and networking, even if face-to-face meetings remain uncertain. That is why it is so important to us to listen to your opinions on what you'd like to see. If you do have any ideas, please get in touch with the PIONEER team at [pioneer@sicot.org](mailto:pioneer@sicot.org).

We really hope that you will love it, and are still working towards a summer 2022 launch!



# SICOT PIONEER

## Upcoming Events



## SICOT PIONEER Tête-à-Tête: The Guru Speaks!

*Live chat show - Saturday 24 July 2021*

USA (East) 06:00-06:45 (EDT) | UK 11:00-11:45 (GMT+1) | Belgium 12:00-12:45 (CEST)  
India 15:30-16:15 (IST) | New Zealand 22:00-22:45 (NZST)



Please visit [www.sicot.org/pioneer](http://www.sicot.org/pioneer)  
for more information!



## SICOT-J indexed in Scopus

In July 2020, we were pleased to announce that SICOT-J had been accepted for indexation in Scopus, widely recognised as one of the world's leading science databases. SICOT-J has now been listed under "Orthopedics and Sports Medicine" and "Surgery" and all content from 2015 to date has been included.

"We are delighted by this news and very proud" commented Jacques Caton, Editor-in-Chief. "This is another accreditation of the quality of our Journal and the great efforts made by the SICOT-J Editorial Team. We thank the editorial board, authors and reviewers for their continued support which contributes to the success of the journal."

Andreas F. Mavrogenis, Editor-in-Chief added "We have taken a number of steps to increase the visibility of SICOT-J, including engaging our community on [Twitter](#) and responding to hot topics such as '[HIP and KNEE Replacement](#)'." He went on to observe, "As a result of this indexation, authors publishing their research in SICOT-J will enjoy increased exposure."

Acceptance in [Scopus](#) follows earlier indexations in [PubMed Central](#) and the [Directory of Open Access Journals \(DOAJ\)](#). Indeed, SICOT-J was recently [awarded](#) the DOAJ Seal for "best practice in open access publishing". Scopus is one of the most comprehensive abstract and citation databases of peer-reviewed literature including scientific journals, books and conference proceedings. It provides a comprehensive overview of global research output and produces CiteScore, a useful metric indicating impact.

We are pleased to highlight a flavour of the content that has contributed to this indexation:

- The effect of corticosteroid versus platelet-rich plasma injection therapies for the management of lateral epicondylitis: A systematic review ([read](#)) - Walid Ben-Nafa and Wendy Munro
- Influence of mobilization and weight bearing on in-hospital outcome in geriatric patients with hip fractures ([read](#)) - Manuel Baer, Valentin Neuhaus, Hans Christoph Pape et al.
- Early results of total hip arthroplasty using dual-mobility cup in patients with osteonecrosis of the femoral head ([read](#)) - Chahine Assi, Nadim Kheir, Camille Samaha et al.

"Indexation in Scopus is always a satisfying editorial moment," commented Isabelle Auffret-Babak, Senior Editor, EDP Sciences. "It shows that the hard work of every contributor is being recognised and that the journal is considered to be an authoritative voice in its discipline. Congratulations to all involved."

Stay up to date with new articles by signing up for [free e-mail alerts](#). If you are interested in submitting an article to SICOT-J, read the [instructions for authors](#) and submit online. **SICOT members wishing to publish in SICOT-J enjoy a 30% discount on article processing charges (APCs).**





**RAVISHA BHARDWAJ (INDIA)**  
SICOT Associate Member

## **Women in Orthopaedics: Breaking glass ceilings on all fronts by turning challenges into opportunity**

Accepting challenges and finding new ways of doing things, are my two greatest strengths which have helped me excel in sports like fencing and my professional career as an orthopaedic surgeon.

Inspired by my doctor parents, I have always loved biology and now medicine. I've always been an enthusiastic child, bubbling with energy, which is one of the reasons my father decided to enrol me for fencing classes as early as in grade V. I was awarded 3 Gold medals at the 51st and 52nd School National Fencing games; and 21st Senior National Fencing games along with several other accolades. Due to the sportsman spirit inculcated in me early on in life, I never gave up even after encountering several failures in life and I was never bothered with what society thinks of me. During my graduation years, I was awarded a Short Term Studentship (STS) by the Indian Council of Medical Research, New Delhi, India for doing two research projects.

I got my government job as well as admission to my orthopaedic residency after my marriage. Despite the many challenges and questions raised, I excelled in my chosen career with the support of my husband and parents. Being a sportsperson, I never had a problem with multitasking and managing pressure.

### **Turning challenges into opportunity**

During my residency, I got a research study which was not a cakewalk, as my guide saw potential in me so I didn't let go of this opportunity. A few years later, I published this article in the renowned journal which was a great feat for my age and experience (Indian Orthopaedic Journal).

In 2010, at the Annual Conference of the Indian Society, I was awarded 'Young Scientist Investigator Award'. During my residency, I was awarded the first prize for poster presentation and oral presentation at a national level conference (31st ISBTI Annual Conference, TRANSCON 2014).

I have been actively involved in surgeries involving spinal trauma, Ilizarov, hip and knee arthroplasty and arthroscopy. I also got training in arthroscopy at several workshops at the national level. I have been recently associated with AO Spine and SICOT.



*Arthroscopy cadaveric course completion under the guidance of Dr IPS Oberoi (President, Indian Arthroscopy Society)*



*Awarded book at AO Trauma course  
by Dr Mandeep Dhillon*

I have always been a staunch supporter of child safety and a fighter against child abuse. After I was blessed with a son, I found myself to be very protective of him, a natural instinct in all mothers, and I didn't want people kissing my son all over his face. One such incident made me think about how I could change that and also educate both children as well as their parents. So one day I penned this down into a rhyme which I later published as a children's book titled 'The Sticky Tricky Kisses'. I got a really good response from the readers, most of whom were parents who felt the same way.

After my senior residency at the Government Medical College, Patiala, Punjab in India, I got posted to the Mata Kaushalya Government Hospital, Patiala. I went with an aim to treat 10,000 women with osteoarthritis in a year. There was a 40% increase in operations and, at last, I did the very first total knee replacement of the hospital, a milestone, both for myself and the hospital.

I believe the word 'NO' doesn't exist in my dictionary and I wish to inspire more females in the field of orthopaedics. The quotes that keep me going are: 'slow and steady wins the race' and 'persistence is the key to success'.

### **A message to my colleagues**

Break the barrier of thinking and have a new perception.  
Never doubt yourself.  
Always be ready to learn new things.  
Accept any challenge and try to make the best out of it.



**JENNIFER GREEN (AUSTRALIA)**

## **Women in Orthopaedics: An Interview with Jennifer Green, IODA Founding Member**

### **What is the International Orthopaedic Diversity Alliance (IODA)?**

IODA is a global collaboration to improve the inclusion of women and under-represented minorities in orthopaedics. The organisation was founded in 2019 inspired by the work of Kristy Weber, the first female President of AAOS, PC Chye, the fourth female President of the Malaysian Orthopaedic Association (and current President of the ASEAN Orthopaedic Association) and Anthony "AJ" Johnson, Chair of the AAOS Diversity Advisory Board. The Australian Orthopaedic Association (AOA) launched its Diversity Strategy in 2018 and as the Chair of the AOA Orthopaedic Women's Link (OWL), my intense curiosity about orthopaedic diversity initiatives led to connections across the globe.



### **Why is diversity in orthopaedics so important?**

Diversity of the health workforce is an imperative to improve healthcare equity. Evidence shows that under-represented minorities experience better health outcomes when treated by doctors who look like them. The reasons are complex and may include issues of communication, trust, representation in health organisations and unconscious bias. Orthopaedic studies have shown that men with the same degree of osteoarthritis are between 3 and 22 times as likely to be offered a knee replacement as women. Such statistics are concerning.

Diverse organisations (greater than 30% diverse members) attract the top talent, are more innovative and make better decisions. Unless future orthopaedic surgeons are selected from the entire talent pool, orthopaedics is missing out on many talented doctors. Diverse organisations are also more profitable.

### **Who are the Members of IODA?**

The 45 founding members of IODA are orthopaedic surgeons from 30 nations and 6 continents including 14 current, past and future Presidents of National Orthopaedic Associations. The IODA membership is growing rapidly and is open to all people interested in diversity in orthopaedics. Orthopaedic surgeons and trainees are voting members of IODA. Medical students, junior doctors, orthopaedic industry management/staff, orthopaedic association management/staff and orthopaedic researchers are all welcome to be involved.



## Who is leading IODA?

IODA is very excited to announce our inaugural executive, led by President Kristy Weber, Immediate Past President of the AAOS and supported by a global team of orthopaedic diversity advocates: [www.orthopaedicdiversity.org/our-committee](http://www.orthopaedicdiversity.org/our-committee)

## What does IODA do?

IODA aims to amplify diversity in orthopaedics through:

- Advocating for diversity in orthopaedics
- Sharing the insights from orthopaedic diversity initiatives across the globe
- Publishing papers on diversity in orthopaedic surgery – IODA has already published two articles (in the Journal of Trauma & Orthopaedics and EFORT Open Reviews).
- Mentoring women and under-represented minorities into orthopaedic surgery
- Assisting in diversity strategy development
- Researching methods to improve diversity in orthopaedics

## Can you elaborate on IODA's current initiatives?

IODA is collaborating with the Ruth Jackson Orthopaedic Society (US) and AMOB (Brazilian Orthopaedic Women's Society), the two largest Orthopaedic Women's Societies, to co-convene a series of Women in Orthopaedics Worldwide (WOW) Symposia. This exciting initiative shall unite all the Orthopaedic Women's Societies around the world to address the challenges and opportunities for women in orthopaedics.

IODA is collaborating with the AO Foundation, who have recently launched their own diversity strategy. The aim is to share connections, particularly orthopaedic surgeons in developing nations and promote each other's diversity educational material such as webinars.

IODA is also working with SICOT to identify stories of the achievements of women in orthopaedics for the SICOT "Women in Orthopaedics" initiative.

IODA also produces a quarterly e-newsletter sent to all members to keep everyone up-to-date with what is going on across the world in orthopaedic diversity.

## How can others get involved with IODA?

Everyone is warmly welcomed to join IODA by free registration via the website. Find out what is happening in your region. Join events across the globe. Learn more about how you can advocate to advance diversity in orthopaedics. Membership allows access to the "Member Resources". These resources include a curated library of articles on orthopaedic diversity subjects and an excellent collection of podcasts, interviews and webinars. You can also connect to other IODA members using the website chat and message functions.



Please visit: [www.orthopaedicdiversity.org](http://www.orthopaedicdiversity.org)

# TRAINING ABROAD



**MARK BARRY (UNITED STATES)**

## **A Novel Model to ‘Train the Trainers’ in Under-Resourced, Low Income Countries**

I'm Mark Barry, a 6-year-retired paediatric orthopaedic, tumour and scoliosis surgeon originally from Ottawa, Canada. After training there and in Toronto, I practiced in Las Vegas for 19 years then part time in Hawaii for 2 years before “retiring” and switching my life focus to global health equity.

Since 2010, I have done many volunteer teaching missions in developing countries with various organisations including Health Volunteers Overseas. I soon realised that my expertise was not being optimally applied and in 2014 I came up with a novel sustainable, high-impact model to train the trainers: Children's Orthopedics Education for Developing Nations ([COEDN.org](http://COEDN.org)).

Together with my select volunteer paediatric orthopaedic surgeon colleagues we use our skills and experience to train 3-4 bright, young orthopaedic surgeons at the fellowship level in-country to become the surgeon trainers and leaders of tomorrow. Together with the target country's orthopaedic leaders we begin by assessing the need, choosing the institution and verifying optimal institutional support and resources. They designate who and how many (3-4) candidate surgeons to have us formally train over a full-time 12-18-month period.

Our trainers are highly experienced, recently retired, part-time or “on sabbatical”. They are sent, sequentially, each for a meaningful 4-6-week period so as to maintain a successive presence to provide hands-on surgical skills training in the trainee's own institution's operating theatres, on their own patients. The trainees benefit immensely from high volume and being the lead surgeons on every case, many with complex neglected pathology. In addition, the whole departmental staff will benefit from exposure to these experts.

Trainees do not have to leave the country to train abroad - a huge workforce benefit, plus it minimises the chance for “brain-drain” (emigration). Experience has shown that sending the brightest and the best abroad for training can frequently backfire.

Sub-Saharan Africa is the current focus. There are only a handful of formal training centres for a population of over 1.1 billion, half of which is under the age of 17. Access to basic medical care is available only to a fraction of the population.

Starting in September 2016, in conjunction with the Muhimbili Orthopedic Institute in Dar Es Salaam, Tanzania, 11 of us taught 3 orthopaedic surgeon fellows over an 18-month period to establish the first paediatric orthopaedic training programme. This was organised together with the only one other such fellowship trained surgeon (our local programme director) in a country of 55 million. Incidentally, in HIC's, that numerator is around 150 paediatric orthopaedic surgeons... in Tanzania alone!

This programme was accredited by the College of Surgeons of East, Central and Southern Africa (COSECSA), their first for paediatric orthopaedics, and one of their first fellowship level programmes. Upon successfully passing examinations, our trainees receive a formal FCS Paed-ortho. We anticipate future programmes which will help in establishing their network of 14 countries. Western Africa has similar substantial workforce needs.

The current paediatric orthopaedic training site is at the Comprehensive Rehabilitation Services of Uganda (CoRSU) Hospital in Entebbe, Uganda ([coursuhospital.org](http://coursuhospital.org)). Our programme started in December 2019 and was slated to run for 18 months. After the initial 3 trainer's visits we are now on COVID-19 hold. CoRSU is an established, very well run nonprofit NGO paediatric orthopaedic and plastic surgery hospital with 7 orthopaedic surgeons, 4 of whom are currently in our training programme. It is the only such hospital in Uganda, a country of 44 million.

This formula is scalable and exportable. It can work in many other centres, in all other areas of graduate medical education everywhere in the developing world. The key component is enlisting recently retired or part-time highly experienced trainers (or those younger adventure-seekers on sabbaticals) who can give a meaningful 4-6 weeks each to train these select future leaders in-country over a pre-determined period where they would become fully trained and accredited sub-specialists by international standards.

A second and very important key component is sustainability. From the outset, the agreed-to plan must be to retain a nucleus of 3 graduates to stay on and together with a local director they set up their own accredited national-international training centre to train others, at all levels, not only at the fellowship level. Long term support is provided by periodic trainer follow-up visits and online interaction.

Several keys to young surgeon retention is adequate income, opportunity for professional advancement and a well resourced and agreeable work environment. All efforts are made to help establish sources of quality implants and tools at sustainable pricing (e.g. India). Also, part of what we do is help supply newer technologies, not only by "hand-carry" by our trainers, but also organising for high tech (C-arms, anaesthesia machines, OR tables, ventilators, etc.) equipment container shipments available through various charitable organisations.

A final key component is financial support. I am a proud Rotarian. The Rotary Organisation provided our programmes with a Vocational Training Team (VTT) Global Grant utilised to support our visiting trainers with airfare, accommodations, a daily meal allowance and incidentals. The cost per trainer is substantial, hence we need at least a 4-week commitment from each trainer. With 13-20 rotations, the grant is substantial. Attracting trainers from a closer proximity may help reduce some of this expense (and add some fresh perspective).

Future similar programmes are in the pipeline, including training paediatric spine in Rwanda... a first for eastern Sub-Saharan Africa.



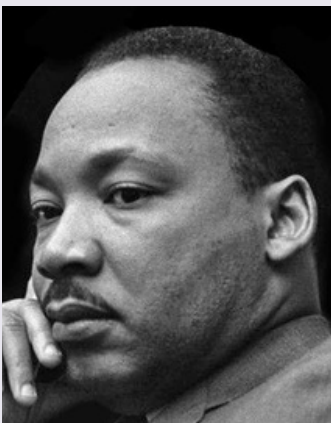
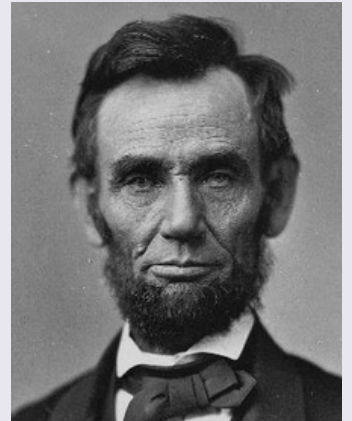


*"The world suffers a lot, not because of the violence of bad people,  
but because of the silence of good people"*

**Napoléon Bonaparte (15 August 1769 – 5 May 1821)**  
French military and political leader

*"If friendship is your weakest point,  
then you are the strongest person in the world."*

**Abraham Lincoln (12 February 1809 – 15 April 1865)**  
16th President of the United States



*"We must live together as brothers,  
or we will perish together as fools."*

**Martin Luther King (15 January 1929 – 4 April 1968)**  
American Baptist minister and activist

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