

## SOUTH AFRICAN ORTHOPAEDIC ASSOCIATION

# The Smith & Nephew Orthopaedic Travelling Fellowship: A cross-pollination of knowledge

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### A historic perspective

Having been fortunate enough to be selected as a 2019 Smith & Nephew Travelling Fellow, I decided to look into the history of this prestigious programme. The fellowship was established in 1981 after numerous discussions within the South African Orthopaedic Association during the late 1970s.<sup>1</sup> The first fellow, Dr Daneel Heyns, was selected by Prof Roelie Grabe of Pretoria. Since that momentous day, a total of 92 orthopaedic consultants and registrars have completed the fellowship. The list of past Travelling Fellows includes four past South African Orthopaedic Association Presidents (*Table 1*), three current heads of South African orthopaedic departments and numerous past heads of South African orthopaedic departments.

Despite being a costly endeavour, Smith & Nephew have proven their commitment to keep this illustrious fellowship running every year. In 2014, Mike Woods (Senior Director Orthopaedic Trauma and ASD State Sector, Smith & Nephew, Africa Region) reiterated their commitment through the following statement:

'It is very satisfying to reflect on the calibre and achievements of the Orthopaedic Travelling Fellows. Smith & Nephew has the privilege of facilitating training which is geared to meet skill gaps in the industry, build expertise and help healthcare professionals to use our products safely and effectively. This is about more than just financial results. It is also about our commitment to ethical and responsible behaviour in everything that we seek to deliver.'<sup>2</sup>

True to those words, Smith & Nephew have kept the fellowship going at a consistent pace.

**Table 1:** Smith & Nephew Travelling Fellows who went on to become President of the SAOA

| Name             | Year              |                |
|------------------|-------------------|----------------|
|                  | Travelling Fellow | SAOA President |
| Prof M Ngcelwane | 1987              | 2010–2011      |
| Dr J de Vos      | 1991              | 2013–2014      |
| Prof T le Roux   | 1993              | 2011–2012      |
| Dr P Makan       | 1994              | 2017–2018      |

### A tour to remember

Before embarking on the fellowship, I decided to speak to a few past fellows to see what lay in store for me. Experiences ranged from 'a

terrifying ordeal' to 'an opportunity to socialise with colleagues at every academic institution in the country'. Of course, the former was uttered by a colleague who went on the fellowship prior to his final FC Orth(SA) exams while the latter came from a colleague who embarked on the travelling fellowship after graduating. Fortunately, I fell in the same group as the latter. Despite those polar opinions, one thing was certain: the true challenge of the fellowship would be to maintain my body weight after being bombarded with delicious (albeit not always healthy) meals at every stop.

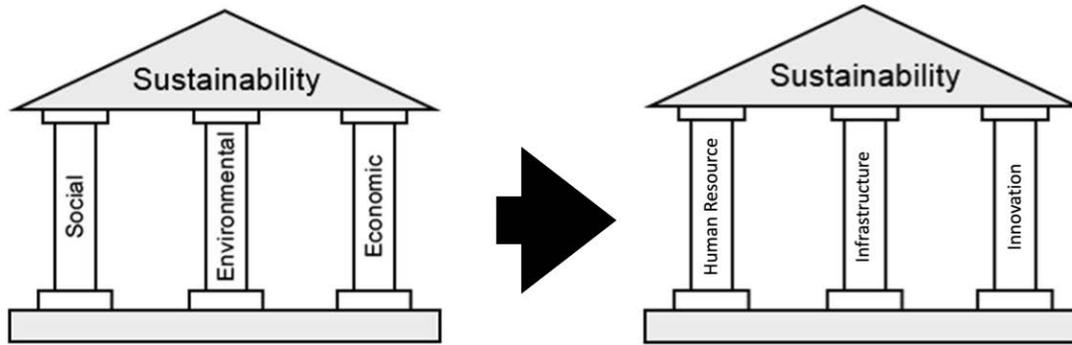
Armed with those pearls of wisdom, my presentations, clothing for almost five weeks, and finally a copy of my Department's 2018 Consolidated Statistics (expecting to be quizzed on the burden of disease seen at Chris Hani Baragwanath Academic Hospital, 'Bara') I boarded the flight from Johannesburg to Cape Town.

The first stop was Tygerberg Hospital. I was warmly received by Prof J du Toit who immediately proceeded to impress me with a tour of his Advanced Orthopaedic Training Centre. True to its name, this 'advanced centre' consists of two separate 3D printers which the department uses to fabricate 3D models of everything from complex acetabular deficiencies to tibias with bone defects. Being at the forefront of total hip arthroplasties via the direct anterior approach in the state sector, Dr Koos Jordaan set up a cadaver workshop for me to try out this novel approach. Throughout the rest of the Stellenbosch leg of the trip, I attended multiple academic seminars and had the opportunity to reacquaint myself with colleagues I had previously met at congresses. Many of the discussions revolved around the spectrum of cases and treatment protocols at Bara Hospital.

Upon arriving at Groote Schuur Hospital, Prof R Dunn gave me an opportunity to present one of my talks: 'Hip attack: the Bara perspective'. The discussion then evolved into a question-and-answer session about working at Bara as well as my experience at Tygerberg Hospital in the days preceding. It was at this moment that I realised I was expected to carry knowledge and experiences from one institution to the next – an act most aptly described in Gary Nabhan's book *Cross-Pollinations* where he says that we 'dissolve the boundaries and blend disciplines to reveal a world rich in possibility, one where unthinkable solutions emerge'.<sup>3</sup> I was happy to impart all I had observed at Tygerberg while simultaneously taking in the common and conflicting practices at Groote Schuur.

### An objective analysis

To increase the accuracy of my information-gathering, I decided to find a system to analyse the factors that result in a sustainable



**Figure 1.** An adapted version of Barbier's 'Pillars of Sustainability' (1987)

department. I came across the concept of the 'three pillars of sustainability' which was developed by Barbier in 1987.<sup>4</sup> Since then, the model has been used by local and international institutions to guide resource allocation in order to ensure a sustainable workplace. For my purposes, I equated the pillars to the more recognisable arenas of a South African academic hospital. I used the social pillar to look at the human resource element of the departments; the environmental pillar to look at the infrastructure, and finally the economic pillar to look at the innovation and advances within the department (*Figure 1*). Using this adapted model, I decided to analyse and compare these aspects within each department along the way.

With this newfound approach to the travelling fellowship, my next stop was Frere Hospital in East London. Dr N Gibson commenced my visit in true small-town style with a barefoot walk on the beach. I was informed that my tie and coat were not welcome on this leg of the tour and we proceeded to the hospital where even my smart pants were a far reach from the daily dress code. A casual discussion then ensued regarding my experiences at Bara as well as my exposure to the systems in Groote Schuur and Tygerberg. With Frere Hospital being vastly different from the Western Cape hospitals in regard to staff and infrastructure constraints, my stories of highly progressive academic units were not comforting. Nonetheless, I was able to equate the worn infrastructure of Frere Hospital to what I experience on a daily basis in Bara Hospital.

Next on the itinerary was Durban. Upon presenting my boarding pass at the airport gate in East London, I quickly realised that the propeller engine plane on the runway was to be my means of travel. Having never been on such a small aircraft before, images of the late Hansie Cronje and JFK Jr flashed through my mind. A swift Google search then revealed that propeller-driven planes were in fact at a higher risk of crashing than larger aircraft – a fact that failed to comfort me.

Having started my orthopaedic career in KwaZulu-Natal, fresh out of community service, I was keen to go back to see the system and my old colleagues. Prof Len Marais (who was one of the first faces I had encountered as a junior medical officer in orthopaedics) welcomed me and allowed me an opportunity to present one of my talks. The highlight of my KZN visit was spending a day with one of the giants of orthopaedic surgery in South Africa, Prof S Govender. I was humbled to meet a man whose work I had quoted countless times throughout my orthopaedic training (*Figure 2*).

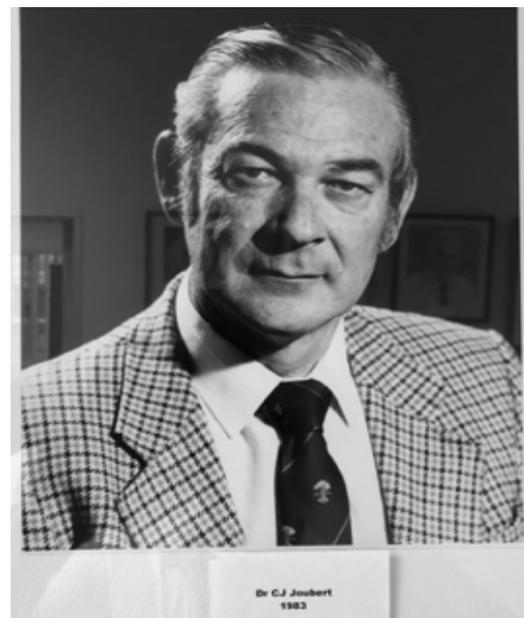
After that short stint at the Durban coast, I was Bloemfontein bound. Dr S Matshidza's department at the University of the Free State had a mandate to show me that despite being small, they had a rich academic and extra-curricular programme. They did not fail to deliver. Activities and meals were planned at every juncture and I was truly impressed by their welcoming nature. Their unique approach to orthopaedics was epitomised by the fact that their paediatric orthopaedic unit consultant not only single-handedly runs the unit, but also takes regular drives to neighbouring provinces to



**Figure 2.** I was humbled by my encounter with Prof S Govender of UKZN

provide specialised care. A truly impressive feat! In the hallways of their department, I came across a photo of Dr CJ Joubert, one of the first Smith & Nephew Travelling Fellows (*Figure 3*).

With the welcome prospect of a few days in a familiar setting ahead, I boarded a flight to Johannesburg to spend a few days at my own department in Wits University under the auspices of Prof MT Ramokgopa. Being familiar with all the hospitals on my



**Figure 3.** A picture of one of the first Smith & Nephew Travelling Fellows (1983), Dr CJ Joubert, found in the department at the University of the Free State

home orthopaedic circuit, I took advantage of my time as a guest by allowing my colleagues to drive me around and take me out in the evenings, as they had done with fellows from other departments in the past. I presented a provisional report of the Travelling Fellowship thus far, and my colleagues were comforted to see that we were not the only ones struggling with resource-related issues when it came to service delivery. Of course, the talk also motivated a number of junior colleagues to express their passion to pursue the Travelling Fellowship in the future.

My final two visits were also within my home province of Gauteng. At the University of Pretoria, Prof MV Ngcelwane took me around his department personally. From academic meetings to scrubbing in theatre, he made sure to expose me to all aspects of his department. One of the awe-inspiring aspects of his department was a wall dedicated to the History of Orthopaedic Surgery in South Africa. An impressive collection of photos paints the picture of the formation of the South African Orthopaedic Association in two phases: 'the planning phase' and 'the growth phase'. One truly incredible photo within the collage shows HRH Queen Elizabeth II bestowing honours upon Professor GT du Toit in 1952.

Sefako Makgatho University was to be my final stop. A few kilograms heavier, and longing to go home, I took a drive on some very small roads en route to Dr George Mukhari Hospital. Prof SS Golele was quick to impress me with a visit to his Department of Hand and Microsurgery. I had the opportunity to watch a live procedure where a 1 mm diameter artery in a rat was cut and then repaired using a microscope. The former head of their orthopaedic department, Prof RG Golele, also took me on tour of his paediatric ward. To my amazement, he showed me the list of orthopaedic surgeons that had qualified under him. The list, which he proudly pointed out, included four heads of orthopaedic departments in South Africa.

Throughout my visits to the eight academic institutions, I found that every department was increasingly curious to find out the occurrences at the previously visited departments. Discussions often revolved around issues like staffing, number of calls, spectrum of cases seen, working conditions, and data collection systems. The information imparted was received with a wide range of reactions. Those in resource-constrained environments were comforted to know that they were not alone, while simultaneously expressing frustration at the overburdened healthcare system throughout the country. Nonetheless, despite individual challenges, each department still emphasised their commitment to provide the best possible holistic patient care. I thoroughly enjoyed talking to previous Smith & Nephew Travelling Fellows. I particularly enjoyed the debate that often ensued between those who had done the fellowship before and after exams.

## A final reflection

The Smith & Nephew Travelling Fellowship was indeed an eye-opening experience. It showed me that the South African orthopaedic community is a closely knit one, with familiar faces being seen at every visit. Although we frequently see our colleagues from neighbouring institutions presenting their work at congresses, it is often a biased picture as they usually present their successes and achievements. Visiting these departments in person allowed me to be more intimately acquainted with them, seeing both their strengths and shortcomings. The biggest lesson for me was to see the prevalence of difficulties in every department. Be it infrastructure or staffing-related, no department is immune to resource constraints. Despite this, every single orthopaedic department showed me that they always strove to improve. Whether their passion to enhance themselves results from a need to provide

the best possible treatment, or simply to outdo their colleagues at other departments, every department inspired me with their pursuit of perfection.

## References

1. No authors listed. South African Orthopaedic Association Website. <https://saoa.org.za/history/smith-nephew-orthopaedic-travelling-fellowship> (date last accessed 07 February 2019)
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