EDITORIAL

‘119 for 2’: the ramblings of a teacher after 23 years

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Some potential orthopaedic surgeons’ lives are suspended for the ‘privilege’ of registrar training, then they deal with PTSD for the rest of their training and will never return to the hospital involved. Some follow the words of The Bard given to Henry V: ‘From this day to the ending of the world, but we in it shall be remembered; We few, we happy few, we band of brothers; For he to-day that sheds blood with me shall be my brother.’ Perhaps some will feel the motto of the Screaming Eagles when they shout ‘CURRAHEE’ (We stand alone together). However you feel about the training you are currently enduring or have had, a prominent thought often is how easy they have it today!

When I think back to the times before, as a registrar, it would be a time before Mendeley, article archives, Wi-Fi, smartphones, PDF, digital X-rays, digital projectors, laptops, PowerPoint, Word and spell check. You might ask when this hellish time existed; the answer is 1997.

Many places worldwide had started to embrace this new technology. Still, sadly, we remained in the realm of the overhead projector, articles from physical journal archives, or ordering an article from other libraries at 10c a page. Books were limited to Campbell’s Operative Orthopaedics, Greens and Dee & Hurst. Most of the paper notes and articles for the finals and intermediate exams were handed down to the next candidate with a gleeful smile and a handshake. I am reminded of one of the pre-intermediate registrars walking with his daughter in a stroller and wearing a backpack to pick up the ‘Intermediate Notes’ from his post-intermediate colleague down the road. On entering the house, he was greeted by a dining table covered three deep in lever arch files. All his mate said was, ‘Dude, go fetch your car’. This is how we rolled, with notes passed down from the candidate who wrote the neatest and trying to get physical copies of articles or notes that the scuttlebutt deemed a ‘SPOT’ for the exams and, of course, at 10c a page.

With the paucity of orthopaedic texts, the orthopaedic registrar had to rely on the orthopaedic consultant to impart knowledge, and this was done in an informal meeting behind closed doors. In my case, this was the so-called ‘biduur’ (prayer hour), where consultants asked questions that nobody knew the answer to. If you were lucky enough to get a semblance of an answer from one of the senior registrars in the meeting, the professor’s final words would be, ‘You should read more.’ ‘OK, Prof, but *where*?’

I do remember the trauma X-rays being discussed, and decisions would be made around principles of fracture management. Operative decisions were made, as all the cases waiting on the list were now yours as the junior trauma registrar. How to do the operation was a different matter. Again, with the reading and help from the cold registrar on call with you, ‘do your best’ was often given as motivation as the department emptied at the end of the day. Handover was a new concept that had been introduced, with all the operative cases being handed over to the fresh trauma team instead of the post-call registrar still finishing the work from the night before. I feel the registrars finishing before me may have actually had it worse.

Of course, my initial perceptions were not justified. Help was available from all of the registrars and the six consultants. As soon as you managed to scrape together enough information to ask a relevant question, the answers were always given to my level of understanding, followed by vague article or book references for you to hunt down and, of course, copy at 10c a page. Like most registrars in the same boat as me, I still found the lack of a syllabus frustrating and the answer to the ‘What should I study?’ question remained ‘ORTHOPAEDICS’. With some frustration and the inevitable drive across the river to speak to the other university’s registrars (WhatsApp group unavailable), the OKU (Orthopaedic Knowledge Update) was discovered. This was a massive change in the availability of up-to-date information in a relatively finite space. This was, of course, downloaded, and a printed copy (dot matrix printer) was made available to the interested parties. Reams of paper later, and for your copy – yes, you guessed it – 10c a page.

Practical training for arthroscopy and arthroplasty has always been difficult in the state sector due to funding, whereas trauma had to be funded due to its acute nature. During my training, 40 hip arthroplasties and 10 knee arthroplasties would be the maximum that could be done due to constraints. Knee arthroscopies were done but restricted to soft tissue procedures without implants. Moore’s prostheses were available for most of the neck of femurs (NOFs) that presented. Trauma had similar issues with product variety, and very few companies were allowed to supply our hospitals. Notable femoral products (only antegrade) were, for instance, the recon nail or the IMHS (intramedullary hip screw) nail which did not have translucent jigs for femoral neck locking, as well as DHS (dynamic hip screw) and 95° DCS (dynamic condylar screw) for proximal and distal femur fractures. Plates were DCP (dynamic compression plates), reconstruction and semi-tubular, with no locking options for any fractured area. At the time, the cephalomedullary nails (CMNs) were an absolute breakthrough, but technology has advanced. Improvements continued in the noughties with the introduction of locking plates, especially for the distal radius. Hexapod frames were introduced, which restarted a commercial teaching programme that has blossomed into courses that are now provided worldwide.

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How different an experience, compared to the modern registrar who leaves home with a cellphone and maybe a tablet/laptop and has access to all the knowledge known to mankind at their fingertips but cannot describe the anatomy of the radial nerve! With all the articles/textbooks available online and with unlimited access, it does, however, lead to some specific problems. Technology allows this but does not differentiate between what articles or texts are examples of genuine knowledge or just the opinions of authors. It has turned out to be a challenge to spend as little time as possible sorting through the information provided and relying on the senior colleagues, again, to provide the information on the acceptable articles to read.

With the advent of digital X-rays, the orthopaedic surgeon no longer has to suffer the supraspinatus fatigue of holding the X-rays up to the light. This has revolutionised the discipline, and most units now deploy digital projectors to entertain the consultants at the morning meetings. As it is now 25 years later, the volume of trauma and the amount of available theatre time have increased the intake almost exponentially. The handover was usually eight to 12 cases when it started; now the emergency board has had an average of at least 40 to 60 patients waiting for surgery. So, it is not surprising that the registrars have the opportunity to hone their skills on many more lists, with double the number of consultants available to help. The other opportunities made available due to pressure on the management over many years are that patients with hip and knee arthritis, shoulder scopes or arthroplasty and complex deformity correction can receive suitable treatment. This allows registrars in our current system to deal competently with advanced orthopaedic problems and gain insight into appropriate management. It has been a revelation as to the variety of surgical procedures our registrars are exposed to, including many new devices.

With regard to teaching in the modern era, there is a lot expected from the medical officer (MO) looking for a registrar job with two to four years of MO time and their intermediate exam. The peripheral hospitals have contributed in many ways to shape the quality of the surgeons we produce. The opportunities for teaching have grown with ad lib tutorials, teaching sessions, preoperative planning presentations and exam preparation that continually happen. The morning meeting is still the area where I feel the most teaching occurs. Facing knowledge gaps in front of a crowd has always been embarrassing, but the general feeling is that other people's mistakes provide a learning opportunity and often hilarity for the rest of the crowd. As always in a crowded morning meeting, the thing that is always needed is more sarcasm. The other side is the post-call registrar showing their X-ray cases with the strict attention to detail that is applied with a stern yet kind hand, which is directly related to the time spent and the obvious signs of struggle.

I am often asked what my thoughts are on differences I have noticed over the years, having participated in the training of 119 registrars and trauma fellows. The two major changes I perceive are diversity and mental health. I marvel at the massive change over the years with regard to the influence that cultural diversity has had on the past few years. The change has had its challenges but the overall benefit from gender, religious and cultural contributions from our rainbow nation and our overseas fellows has culminated in a veritable potjiekos of ideas and cooperation. It also makes our annual potjiekos competition a culinary delight.

My last and sombre thoughts are of mental health among our colleagues, and I think I can safely say that none of us has been spared, either directly, or indirectly, the ravages of suicide. I feel that sexual harassment and substance abuse are also issues that have been brought more into the light but warrant more attention. When I look at our department, I see a genuine affection permeating at many levels. The difficulties with exams, studying, research and general catastrophes that envelope orthopaedic care are always handled in a genuine way with good listeners or some humour at the surface to break the tension. I can attest that mental health is difficult to deal with and I encourage all our colleagues that are having a hard time or feel overwhelmed to find help and speak up to make sure that you receive the help you need and deserve.

To the registrars who feel in the dark and feel that they have been buried, just remember you have not been buried; you have been planted.

I hope to make it to 150 one day and sincerely hope not to lose any more wickets.