

Samuel P Mackenzie Fellowship report

Fellowship period

- August 2020-February 2021: Glasgow Royal infirmary
- February 2021- August 2021: Sydney Shoulder Research Institute, Royal North Shore Hospital

I am indebted to the SCOT committee and Zimmer Biomet for the assistance provided to me for my fellowship year. The support allowed me to make the most of the educational opportunities during the twelve-month period. The training acquired has significantly helped me transition from trainee to consultant. The following report details the professional and personal experiences of my time undertaking fellowships in Glasgow and Sydney.

Fellowship design

The choice of fellowship is a difficult with often evolving aims and priorities. Broadly I wanted the opportunity to improve my technical skills, clinical decision making and to acquire a network of mentors. Furthermore, I looked to travel abroad to encounter and work within a healthcare system entirely removed from the NHS. I concluded that a mixed fellowship comprised of both UK and international components would best fit my needs. My interest lies in the shoulder and it was important that I gained exposure to a variety of traumatic, sporting and degenerative pathologies. I was fortunate to be awarded my preferred options both in the UK and Australia. The Glasgow Royal Infirmary has an excellent reputation in Orthopaedics with a fellowship led by Mr Andrew Brooksbank, Mr Paul Jenkins and Mr Cameron Elias-Jones. My international component was undertaken in Australia at the Sydney Shoulder Research Institute with Dr Benjamin Cass, Dr Allan Young and Dr Jeffrey Hughes.

The Glasgow experience

This component occurred during a nadir in the COVID pandemic. The surgical opportunities afforded to me by the three consultants were abundant and greatly improved the shortfall in my skills that occurred during lockdown. Each supervisor was generous in letting me perform procedures early in the attachment and I soon gained new skills from each consultant.

Mr Brooksbank is one of the most established surgeons in the country and his practice has evolved to include a large volume of tertiary referrals. The prior limitations in operative space resulted in his lists being full of complex cases, particularly arthroplasty. Understanding the aims of revision arthroplasty, the importance of preoperative planning and the use of bespoke implants was invaluable. Beyond complex arthroplasty, I was also exposed to, and performed, procedures such as the Latarjet and proximal humerus fixation. Of particular interest was his practice of lateral decubitus shoulder arthroscopy. I had not performed any procedures in this position prior to arriving in Glasgow and the change in perspective widened my understanding of arthroscopic anatomy and the benefits of an alternative technique.

I had trained with Mr Jenkins during his time in Edinburgh and was very pleased to be able to joint him for speciality trauma lists. His interest lies primarily in the elbow and he was able to develop my understanding of a number of conditions, particularly elbow instability and fracture-dislocations. The anatomical concepts involved in elbow instability are complex and

I had previously had difficulty in fully appreciating the intricacies of certain injuries. The exposure to a large number of such cases evolved my knowledge and brought clarity to the aims and limitations of the various techniques.

Mr Elias-Jones was trained in Glasgow and was appointed to one of the most prestigious fellowships in the UK. He has been exposed to high volume of shoulder and elbow pathology and maintains a broad practice. He was particularly patient when teaching me in theatre. Generous with his time, I was able improve my arthroscopic skills and with gentle coaxing and pointers, become proficient in basic procedures. Cameron and I became very good friends over the six months and given the proximity of our ages, he is an inspiration as to what can be achieved so early in a consultant career.

The Sydney Experience

I attended the Sydney Shoulder Research Institute for six months between February and August of 2021. Despite the voluminous visa paperwork and uncertainty surrounding travel I was fortunate to arrive in Australia on time in my original flight. The stay began with two weeks in quarantine which was more enjoyable than on might have imagined. We had an apartment with a balcony so were able to have fresh air and Sun, something people in other facilities were not afforded. At the time cases of COVID in Australia were low and we enjoyed a period of limited restrictions and undisturbed working environment. I worked for four surgeons during my time in Sydney.

Dr Ben Cass, a former fellow of Bryan Morrey at the Mayo Clinic, is a shoulder and elbow specialist and with an extremely busy practice. Despite his prominence within the shoulder and elbow community and the popularity of his practice, he is a very welcoming and down to earth individual. We had great fun in theatre, and he reminded me of the importance of making the working environment enjoyable and fun for all staff. A fabulous technician, he was generous with his teaching and allowed me to perform many procedures. He was very consistent in surgical approach and used signpost phrases to mark important parts of each procedure. This was a very intentional pursuit, and I can hear the phrases as I now perform procedures as a consultant.

Dr Allan Young was trained in Sydney before attending fellowship with Gilles Welch in France. A fantastic surgeon, he had unlimited enthusiasm for shoulder surgery and happily answered my never-ending deluge of questions. No matter how much I read, he was always abreast of the literature and offered insightful comment on the problem at hand. He had a specialist interest in the management of sports injuries and was responsible for several professional sports teams. His treatment algorithms for the management of instability were very clear, and patient centred, and I will employ these in my practice.

Dr Jeffery Hughes is one of Sydney's most experienced surgeons and a man of high intellect. Although I spent less time in his theatre, he taught me several very important anatomical and surgical lessons. A designer surgeon of the Nexel Total Elbow Replacement, he has in-depth knowledge of the techniques of elbow arthroplasty and is often called to manage failed procedures from other centres. Perhaps most impressive was his ability to teach using hand

drawn illustrations. He can rapidly convey concepts within a few minutes and I have kept many of his illustrations in my note book and still refer to them.

Dr Terrance Moopanar worked in the Royal North Shore hospital and supervised a large number of my lists. Always encouraging, he created a very friendly atmosphere to learn and develop surgical skills. His Friday morning clinic was full of some of the most complex cases in the public sector and I enjoyed reviewing patients together and formulating management plans. Terrance had skill well beyond his years in practice and I learned a great deal for working with him.

Conclusion

The 12-month fellowships was invaluable to my development and I was far more confident commencing a consultant practice. I made life-long friends who I have already contacted on several occasions to discuss cases. The entire process was made easier by the funds provided by Zimmer and I am indebted to them and the SCOT committee for their help.