InBox News

2012-2016

Issue 19  June 2016

Remember
Fellowship Food Corner
Tekkie Tips
Fellowship Photo Comp
Interview with a Consultant
Cool Tools Suite
Unit Write Ups

Keep the creative wheels turning. Your ideas are welcome.

Irish Institute of Trauma and Orthopaedic Surgery
www.iitos.ie
A Word from Mr Eoin Sheehan
Assistant Director of Training

The rematch was a free drop from casual blood announcing on the first tee that there was a result before you vote. Hopefully we will not have to wait 70 days for a result!!

Eoin Sheehan
Assistant Director of Training

ANATOMY OF OUR TRAINING

This past year has been strategically important for orthopaedic training as we move forward with the new training continuum. Both myself and Finbarr Condon have been working closely with Paddy Kenny, Dave Moore and John Quinlan amongst others in the process of engaging with stakeholders in our own specialty and with the training structure of the RCSI. We have progressed concerns not just unique to orthopaedics but shared with other specialties within the various committees charged with training in the college. The training programme is an evolutionary process and engagement is important to forge a fair, equitable and high quality process culminating in a well-trained surgeon. This past year we have also engaged with the IMC (Irish Medical Council) in delivering a framework document for Orthopaedic training governance. This was done in tandem with the RCSI and was spearheaded by Paddy Kenny and Dave Moore. The current structure of training is governed by the RCSI but delivered by members of the ITIOS (Irish Institute of Trauma & Orthopaedic Surgery). The ITIOS training committee is chaired by the president of the institute Paddy Kenny and is briefed by the educational committee under the auspices of the DOT (Director of Training). Currently the educational committee consists of the DOT, Finbarr Condon, and its members include John Quinlan, myself and Flachra Rowan IOTA (Irish Orthopaedic Trainees Association). The DOT and the SAC (Specialist Advisory Committee) Rep are the only members of the orthopaedic training body that sit on the ISPTC (Irish Surgical Postgraduate Training Committee). This committee is charged with the shaping and delivery of all the postgraduate training across all specialties. This committee reports to the council of the college. The council appoints the chair of this committee and indeed members of council may sit on the ISPTC.

The council is in essence the “board of directors” of the RCSI. They are tasked with delivering upon the educational aspirations of the college. This is all done in a voluntary capacity, with many of the surgeons elected sacrificing work and family commitments, all to advance the goals of the college in educating surgeons for today and into the future. As surgeons it is vitally important that we engage with the college in training and that we exercise our vote in the upcoming council elections. It is also important that we have a strong voice at council level. All of the orthopaedic surgeons on this year’s ballot paper have shown a dedication to training and education as well as reputation for engagement advocacy and progress. They have involved themselves in all facets of surgery, from running BST programmes, leading the Institute, directing national clinical programmes, orchestrating core curriculum and examining at a senior intercollegiate level. I urge you all to take time to read their bio profiles and indeed familiarize yourselves with all the candidates before you vote.

Hopefully we will not have to wait 70 days for a result!!

Photos L-R
Charter Day (Orthopaedic Session), Organiser Mr Brendan O’Daly. Friday, 12th February 2016.

Mayo Arthroplasty Conference - organiser Mr Derek Bennett, winners of “The Apprentice”, Sven O’heireamhoin and Adrian Gheiti

Sylvester O’Halloran Meeting
Mr Brian Lenehan and Mr Dermot O’Farrell, 3rd / 4th March. Thanks to Ms Kara Leddin for submitted photo. Link to write up here.
Meet the New SpRs

David Dalton - Why orthopaedics? Nice operations with good outcomes. I enjoy the biomechanical side of the theory and also would like to have some involvement in sports injuries. Hobbies - Football and Gaelic football, watching more than playing these days. Also like cooking and watching TV.

Kevin McSorley - Why I went into orthopaedic surgery? Throughout college I was interested in surgery, the significant benefits to patients of practical interventions appealed to me. Orthopaedics offers this potential to provide long-lasting benefit to patients in the context of diverse pathology, diagnostic challenges and constantly evolving treatments. Hobbies; I enjoy cycling & jogging. My recent move to Galway has facilitated sea swimming which I really enjoy despite the sometimes inclement weather.


Emmet Thompson - I literally grew up watching old video cassettes of total knee replacements and sword fighting with a saw-bone femur and humerus. I enjoy the technical and hands-on nature of Orthopaedics that forces you to constantly adapt and customise an over-sized Mechanos to piece a person back together, meaning everyday is different! In my free time I try to stay fit, mostly by training for the world tic-tac-toe championship and running around after my son and nephews. I have recently taken up the guitar.

Andrew Moriarty - Orthopaedics is a fantastic specialty with great colleagues and opportunities to help people. I am delighted to be joining the Irish specialist registrar ranks this July. Outside of fixing cracked bones I enjoy skiing, sketching and playing golf.

Andrew Hughes - I was drawn to Orthopaedic Surgery as a medical student due to my interest in anatomy and bio mechanics. It is a very large, practical, energetic specialty which offers a challenging and rewarding career. As a specialty, we deliver good outcomes on a consistent basis which gives me a great sense of achievement and job satisfaction. My hobbies include rugby, cycling and playing guitar.

Rebecca Lyons - My interest in Orthopaedic Surgery started in medical school as it combined anatomy and surgical principles. For me, Orthopaedics is a very dynamic, challenging specialty. The improvement operative interventions can have on patients quality of life are substantial and to be involved in that is very rewarding. I am excited to be part of this dynamic specialty in the coming years. My hobbies include surfing, running and playing the guitar.

Conor Moran - I developed an interest in orthopaedic surgery when I was in college. I liked the idea of fixing fractures and the significant improvement in quality of life that comes with interventions such as arthroplasty. I particularly enjoyed the technical and engineering aspects of the surgeries. As a result, I pursued an MD in Bioengineering and Regenerative Medicine. In my spare time, I enjoy travelling, surfing and cycling.

Eamonn Coveney - I developed my interest in trauma and orthopaedics during my intern year and then as an orthopaedic SHO in Tallaght where I gained a great experience. I have spent the last year in orthopaedics in Waterford. My hobbies: I take an interest in all sports and play rugby. I enjoy music and films.

Ashleigh Levendale - Colleagues in other disciplines sometimes question my career choice. But they will never experience the satisfaction of an anatomical reduction, or the heat and smell of cement, or the frisson of fear at the X-ray conference. Modern medicine has enabled us to prolong life; Orthopaedic surgery allows us to restore function and independence and enhance quality of life. It is a privilege to be afforded the opportunity to learn this expertise in the coming years. I am excited to continue my coaching career.

Peter Staunton - I am a Graduate entry student with a background in mechanical engineering where I developed a passion for screws and shiny metallic objects. My hobbies are sports, travel and all of the food groups.

Robert Hurley - I'm from Galway, I used to play a lot of rugby but stopped due to injury (one of the reasons I got interested in Orthopaedics). I also enjoy playing music and have played in bands for years. I golf (I use the term loosely) on occasion. Initially I was torn between a career in engineering versus medicine, but choose medicine. I love the engineering and mechanical side of orthopaedics. Coupled with the immediate gratification of fixing people, it is without a doubt the best career going. I'm excited about the training scheme and am looking forward to starting in July.

UPCOMING EVENTS

JUNE
15th-18th June
IOA Meeting, Knockranny House Hotel, Westport. Programme [here]

22nd-24th, Wednesday - Friday
British Shoulder and Elbow Conference. Dublin Convention Centre Mr Hannan Mullem, Details [here]

24th, Friday
ST2 Information Session
ST3 Induction Session, RCSI Mr Finbarr Condon, Mr Eoin Sheehan

25th, Saturday
Trainers Committee Meeting Council Committee Meeting RITA G Sign Off
ST8 Seminar day, RCSI

27th, Monday
Core Curriculum-Foot and Ankle Limerick with Mr Lester D’Souza and Mr Ruairi MacNicol

JULY
4th, Monday
FRCS (Tr&Orth) Conferring, RCSI

SEPTEMBER
2nd & 3rd, Friday & Saturday
40th Sir Peter Frewer Memorial Lecture and Surgical Symposium, NUI Galway [Link]

13th-16th, Tuesday - Friday
BOA Annual Congress, Belfast Waterfront, Programme [here]

OCTOBER
1st, Saturday
Waterford Surgical Meeting

NOVEMBER
11th, Friday
Millin Meeting
Royal College of Surgeons

2nd, Wednesday
5th National Hip Fracture Conference RCSI. Contact Mr Conor Hurson
Early registration, [email]

25th, Friday
IITOS 37th Annual General Meeting and dinner Albert Lecture Theatre, RCSI

DECEMBER
3rd, Saturday
UKITE Exam
Houston Lecture Theatre, RCSI
Early Notice

10th February, Friday 2017
Charter Day

13th May, Saturday 2017
IOFAS Annual Meeting
Contact: Mr Ian Kelly

28th May, Friday 2018
Cappagh Foundation Meeting incorporating the Cappagh Prize lecture. Contact Mr Keith Synnott

13th May, Saturday 2017
UKITE Exam
Houston Lecture Theatre, RCSI
Early Notice

10th February, Friday 2017
Charter Day
One Year On

Yahya Elhassan, ST3

I graduated from the University of Khartoum in Sudan, where I completed my internship. Since then I pursued my training in orthopaedics in Ireland, starting the journey by completing the Basic Surgical Training (BST), and being awarded the MRCS. Following that I worked for couple of years as a registrar in busy units. A turning point was working as a research fellow in the Gait laboratory under the supervision of Prof Tim O’Brien. That was an amazing and irreplaceable experience which introduced me to a diagnostic area that is rarely explored by orthopaedic trainees.

I was then awarded Master of Surgery from RCSI. It has been almost a year since I joined the Higher Surgical Training (HST) program. Although it is good to see the light at the end of the tunnel, getting into the rotation is not the end, in fact it gets more challenging in all aspects, clinical, surgical, managerial, academic and with interpersonal relationships and that is why I enjoy Orthopaedics. At the moment I work in the busy North East with excellent surgical exposure. Congrats to those who got on this year. Focusing on basic science and spending more time in theatre is important. No doubt that the Trauma and Orthopaedics program is unique in the support the trainees get from the program director, members of the Institute, mentors and administrators Amanda and Barbara. Thanks for the opportunity.

Passing the FRCS Part 2

Frank Lyons

Friends and Colleagues,

Below is my advise and reflections on the exam, use or delete. Before I go on, everyone of you will pass the exam and believe me, it will be worth it.

The exam is a very demanding experience, but it is definitely not the most demanding thing you have ever done. You should respect it for what it is, a quality control or safeguard to ensure a broad knowledge of orthopaedics at the end of your training. For most people, Part I is the most challenging. I failed it on my first attempt because I did not give it 100% attention during the last few weeks before the exam, I thought I could spend some time on my research simultaneously. I would strongly advise that you completely cut out everything that is not extremely important to you for the six weeks before the big day, you must be totally focused mentally. Some of the answer options in the MCQ have only minute differences and require an uncluttered mind. Also, beware who you listen to coming up the exam as everybody will have something to say, listen but ignore much of it. The exam is yours, you own it, you prepare for it, you pass it.

For Part 2, again, everybody will have something to say by way of exam advise. I would advise listening mostly to consultants who are or were examiners or people who have done the exam in the previous few years. The format of part 2 has changed a lot in the past five years. I am not going to insult any of you by telling what clinical cases I got. Of the 8 I got in total, 6 were on cases that all of you would breeze through, and the other 2 were on cases I got.

For Part 1, 60 intermediate cases in total, 30 theoretical questions. The 30 theoretical questions were on major topics you have studied. The 60 intermediate cases were on cases that all of you would breeze through, and the other 2 were so obscure that spending 10 years studying would not prepare you. And yet I still passed. How? (they were my 2 intermediates as well?) I passed them because I had a little mental mantra to get by; Prof O’Byrne told me that no matter what you case you get, easy or hard, just deal with it EXACTLY as if it is a regular OPD and you are going in to the boss to tell them about the patient. That is what I did, when, after I introduced myself to my first intermediate case patient and he replied by saying, "I’ve had over 60 orthopaedic operations since my motorbike crash 10 years ago so good luck to you trying to figure me out!". I just pretended I was in OPD and the examiners were the boss which kept me focused and calm! By way of courses and books, it seems to be very individual.
RICHARD J. (DICK) O’CONNELL (1938 – 2015)

Dick O’Connell was one of the founding fathers of modern Trauma & Orthopaedics in Ireland. In his own South East region, he modernised the Fracture Service by amalgamating the in patient fracture services on the Waterford site. This became the template for Fracture Services in other regions.

Born in Baltimore in West Cork, he went to secondary school in Cork City. He emigrated to the U.S. in 1958 and worked to finance a pre-medical degree at Fordham University in New York. He returned to Ireland to study medicine in U.C.G. from 1961 – 1966. After a house job in Cork and S.H.O. posts in Dundee & Middlesex, he completed his Orthopaedic Residency in British Columbia, qualifying as Orthopaedic Specialist in 1975. He became a Consultant Orthopaedic Surgeon at Prince George Regional Hospital, British Columbia from 1975 – 1978. He returned to Ireland in 1978 and took up appointment as a Consultant Orthopaedic Surgeon to the South Eastern Health Board. With the support of his colleagues, he was to the forefront in modernising the Trauma Service of the South East centralising it in state-of-the-art facilities at the Waterford Regional hospital. He continued his interest in training and service development and was Chairman of the I.I.T.O.S. from 1989 - 1998.

He retired on 20.10.03 but maintained his enthusiasm and interest for the Trauma & Orthopaedic service of the South East. He passed away after a long illness in October, 2015. Our condolences to his wife Breeda and children Richard, Fionnuala & Sinead.

May he rest in peace. Ar dheis De go raibh a h-anam dilis.

Gerry McCoy

Richard O’Connell - A Proud Corkman

The IITOS would like to remember all those Orthopaedic surgeons and their loved ones who have passed away.
Cont’d from p 4

I would certainly say that beware of doing orthobullets as the FRCS mcq is very different. That said I found reading the answers very helpful without actually doing the mcq per se. Like it or loathe it Miller is the most valuable resource for the MCQ. Cast your net wide also and practise with the Blackbook, old UKITE’s, the Sharma MCQ/EMQ book.

The Part I itself is a whirlwind of an experience so preparing by doing a lot of different styles of MCQ is most beneficial I think. For Part 2 doing Viva/clinical courses is a must, it will really round off your own work and boost your confidence. I did the Cardiff and Birmingham courses which were great. More importantly is practising in OPD of presenting succinctly to anyone who will listen, just to practise presenting out loud. On a few occasions I even presented to final meds in clinic! Books for Part 2 is really Postgrad orthopaedics and then random bits here and there like ODEP website and also BOAST guidelines which I was asked three times in the Viva.

Lastly, good luck, it is a very stressful time but you are already very well prepared, you just need to format it for the FRCS (Tr & Ortho).

Frank Lyons