

Editorial

Academics and Orthopaedic Trauma

Sunil G Kulkarni¹, Ashok K. Shyam^{2,3}

Trauma, specifically Orthopaedic Trauma is a focussed surgical field. There are two main learning areas in orthopaedic trauma; Decision making and Surgical skills. We believe all academics in trauma surgery have to be focussed on these two parameters rather than focussing more on the theoretical aspect of the subject. Of course we need to know the basic demography and the epidemiology of fractures and injuries, however they do not generally affect the care given by individual surgeons to their individual patients. Even at Traumacon our focus remains on these two points while structuring the whole program.

Decision making in Orthopaedic trauma is one of the most important but difficult area to understand. We begin learning this process way back in our medical schools, however orthopaedic trauma is something that we continue to learn forever. Our decision making depends essentially on the knowledge and experience we gather from various sources. The knowledge that help us make optimal decision are largely gained from our personal experiences in treating similar cases, share experiences from our colleagues and seniors, speciality conferences like Traumacon and speciality Journals like Journal of Orthopaedic Trauma, Injury Journal and now Trauma International. Orthopaedic Trauma is one area where every fracture has its own personality which needs to be understood along with patients profile and demands. A straightforward guideline for every facture is not only unavailable but also not advisable. The art of decoding the personality of the fracture helps us balance between managements options and also reach an optimal plan which is suitable for that particular fracture in that particular patient. In our trauma meetings this should be the focus of our discussion and that is what everyone involved in trauma care is interested into. Journals are also trying to find new ways of doing this by improving the format of articles, including expert commentaries, inviting narrative reviews etc. Articles in journals also have to be read carefully with the aim of applying the knowledge to your patient and not extrapolating the patient to fit the knowledge given in the article. This is an important aspect in reading any journal article. Surgical skills is another area that goes hand in hand with decision making in providing the best possible



Dr. Sunil G. Kulkarni



Dr. Ashok K. Shyam

¹ Post Graduate institute of Swasthiyog Pratisthan Miraj, India

² Indian Orthopaedic Research Group, Thane, India

³ Sancheti Institute for Orthopaedics & Rehabilitation, Pune, India

Address of Correspondence

Dr. Ashok K. Shyam.

IORG House, A-203, Manthan Apts, Shreesh CHS, Hajuri Road, Thane, India. 400604

Email: drashokshyam@gmail.com

© 2016 by Trauma International | Available on www.traumainternational.co.in | doi:10.13107/traumainternational.2455-538X.150

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License

(<http://creativecommons.org/licenses/by-nc/3.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

result to the patient. Surgical skill include the surgical technique and steps and also include knowing about the intraoperative improvisations, complications and their managements. Conferences like Traumacon have a huge focus on the surgical technique part but also play an important role in informing the delegates about what not to do, how to avoid complications and if complications happen how to manage them. These four together form the complete surgical skill set which will help trauma surgeons master a surgery. This part is very difficult to learn by reading journals or books unless the journal formats are modified to include the practical aspects of the surgical skills. Randomised trials and meta-analysis will not be of much hep to us in learning a surgical skill. Trauma International has created two special section on the surgical skills; one on technical note and one on 'How I do my surgery'. Both sections are mostly pictorial and also include videos of the surgical steps. These will again help the surgeons to know the variations in surgical techniques from different. There is much more that should be done and that can be done. Technology can help us disperse this knowledge much more effectively but again it should be used wisely and not as a panacea.

The requirements of Academic Orthopaedic Trauma is much different than the conventional modes of medical teaching. Learning decision making requires a different approach which is a balance of practical experience along with evidence based medicine. Surgical skills can be learnt by following good surgical practices, learning by personal experience, learning from experts and using technology in an optimal way. In future there will definitely be a shift from theoretical approach to a more practical and patient oriented approach and in coming years this will help us provide better care to our patients. Trauma International focusses mainly on this academic requirement and we have dedicated symposia in every issue of the Journal. We thank Dr Harish Makker for taking initiative and compiling and editing the current symposia on Pelvi-acetabular fractures. The sysmosia has contributions from all across the country and is divided into three parts. Part 1 containing basic details of pelvi-acetabular fractures and principles of emergency and specific management is published in this issue. The next part will contain the surgical approaches and last part will have more specific articles dedicated to individual fracture types and technical aspect of pelvi-acetabular surgery.

Trauma International is also now officially affiliated to Trauma Society of India and will be regularly featuring contributions from the society members and mentors. We are very excited about this association and are hopeful that it will ramify into excellent academic content that will feature in the journal.

If you have any further opinions about the ideas presented above, please write to us. With this we leave you to enjoy this issue of Trauma International.

Conflict of Interest: NIL
Source of Support: NIL

How to Cite this Article

Kulkarni SG, Shyam AK. Training by Publishing. Trauma International May-Aug 2016;2(2):1-2