This is a digital world we live in. In last 20 years technology has changed the face of this world specially the way in which the data is shared and interaction is improved. This has accelerated things especially scientific inquiry and distribution of scientific concepts. In field of orthopaedics this has lead to better implants and more literature. Increased numbers of journals and articles have led to increased awareness about the results of particular surgery and implant. Also it has improved the propagation of awareness about a new technique / implant and its results. In last century, a new technique would simply remain with a single surgeon or country for a long time [Ilizarov ring fixator for example], but now with advent of the online tools and websites, distribution of knowledge is simply amazing.

One of the areas where technology can be successfully used is area of Training in surgical skills. We are currently having video websites like Vu-medi and many more videos on you tube etc, however I believe journals can play a very active part in this area. Surgical training of highest quality can reach each and every corner of the world simply by combining a format which will include text, pictures as well as videos. We all have basic surgical skill sets and to step up our training we would simply need to conceptualise and visualise different methods. This can easily be gained from the above format. Of course the learning curve for such training would be much longer and at times there will be unforeseen complications and difficulties. For this reason such articles should have a continued thread of comment and discussions which can be compiled over a period of time and better a list of frequently asked questions. This can provide answers to queries for a new trainee or even for an experienced surgeon. I believe the techniques should be open peer reviewed and not undergo a blinded peer review. The reviewers should be openly allowed to ask the surgeons questions and doubts that the reader will have. A post publication review of the technique is one of the most important part of this initiative where readers and peers can comment on the published technique. The goal of this entire exercise should be improvement of technique and to impart correct surgical principles to the trainees.

Trauma International wants to pioneer in this area of surgical training by publishing and will be inviting several surgeons on our special editorial board where techniques can be invited and published. I believe this will help surgeons from all across the world to learn new techniques and also improve older techniques. Innovations and tricks and tops in older techniques can easily be demonstrated by using the online tools. Open access will allow much better outreach and more audience for the author too. I sincerely hope that this idea will take firm root and will grow over a period of time.
If you have any further opinions about this idea, please write to me. With this I leave you to enjoy this issue.

Dr Ashok Shyam
Editor - Trauma International

Conflict of Interest: NIL
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