Global Musculoskeletal Health: Inaugural Meeting of the International Society of Orthopaedic Centers

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Abstract The International Society of Orthopaedic Centers (ISOC) was founded in 2006 to function as a think tank for leading international orthopaedic academic centers. ISOC's mission is to facilitate the exchange of ideas and cutting edge practices among these centers and to work together on patient care, education, and research in order to make global improvements in orthopaedic care. The inaugural meeting, hosted by Hospital for Special Surgery on May 17–19, 2007, is described here.

Introduction

Recent advances in the field of musculoskeletal healthcare have had an enormous impact globally on education, training, and research. Orthopaedists are working to stay abreast of exciting new developments in medical technology and innovative patient treatment options while simultaneously addressing problems ranging from balancing the care of our patients to providing an outstanding teaching and research experience for our trainees. Healthcare providers often work in silos and can benefit greatly by meeting with their peers, with whom they have common goals and shared challenges.

The International Society of Orthopaedic Centers (ISOC) was founded in 2006 to bring together thought leaders in orthopaedic surgery from around the world. The mission of ISOC is to facilitate the exchange of ideas and cutting edge practices among the premier specialty orthopaedic centers in the world and to collaborate on patient care, education, and research-based programs, with the goal of improving orthopaedic care on a global scale [1–5]. The ISOC's

specific objectives are to promote scientific, clinical, and educational collaboration; to improve the quality of patient care through sharing of clinical pathways and treatments; and to collaborate on academic programs through the exchange of residents, fellows, and faculty. Every other year, the group convenes at a different member's institution, which hosts the meeting. This gives ISOC members the opportunity to learn more about each other's institutions and to experience the culture of their countries. The ISOC Executive Committee meets at the annual American Academy of Orthopaedic Surgeons meeting and before the opening of the biannual meeting. Each host institution has the opportunity to set the research and clinical work agenda, with input from the Executive Committee. Time is scheduled for an in-depth presentation and discussion on the management of the host institution.

The members of the ISOC are drawn from specialty orthopaedic hospitals or large orthopaedic departments within general hospitals functioning within an academic center. Typically, these organizations conduct more than 5,000 orthopaedic procedures a year and have an orthopaedic staff of more than 20 surgeons who conduct research and training.

Current membership

Chile	Clinica Alemana de Santiago (Santiago)
China	Peking Union Medical College Hospital (Beijing)
Germany	Endo Klinik (Hamburg)
Italy	Instituto Ortopedico Galeazzi (Milan)
Italy	Instituto Ortopedico Rizzoli (Bologna)
Mexico	Instituto Nacional De Rehabilitación (Mexico City)
Switzerland	Schulthess Klinik (Zurich)
United Kingdom	Royal National Orthopaedic Hospital (Middlesex)
United States	Campbell Clinic (Tennessee)
United States	Hospital for Special Surgery (New York)

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The 2007 inaugural meeting

The inaugural meeting was hosted by Hospital for Special Surgery on May 17–19, 2007, in New York City. It was attended by 18 physicians representing seven institutions. Two Chinese members were unable to reach New York because of a volcano eruption near Japan while they were en route. The first evening, the group assembled for an opening dinner at the Knickerbocker Club to get to know each other and to explore common interests and challenges. The next 2 days were a combination of scientific sessions, a presentation on the structure and management of Hospital for Special Surgery, and a roundtable discussion on academic training. The following two afternoons, the participants visited the Museum of Modern Art for lunch and a guided tour and went to the ballet at the Metropolitan Opera House. These events gave the participants the opportunity to experience the culture of the host city.

The scientific sessions were based on innovations in joint replacement, spine surgery, and basic research [6–9]. A call for abstracts had elicited 43 responses; 17 scientific presentations were made, with each institution presenting at least one paper. Sessions were held on arthroplasty, complications of arthroplasty, basic science, and arthroscopy. Additional presentations were made by senior management on topics specific to Hospital for Special Surgery, including structure and management, research, academics, and the international transfer of best practices to a hospital in London [10, 11]. The program concluded with an academic symposium on universal issues and challenges in specialty orthopaedic training.

Results: the consensus of the participants

A month before the meeting, all the participants were sent a 22-item academic survey designed to elicit common themes in specialty education and training for discussion. Respondents (from six institutions) addressed the criteria most important for program acceptance, the evaluation of residents' and fellows' performances, and the types of jobs they take after graduation. As both surgeons and teachers, participants agreed that the greatest challenges in teaching the surgeons of tomorrow include:

- Specialization and the explosion of knowledge
- Maintaining a good overview of new surgical techniques
- Staying abreast of new knowledge of pathologies and treatment indications
- How and when to use innovative technologies
- Balancing the quality and economics of teaching time versus the demands and throughput in the operating room
- The universal problem of limited work hours resulting in lack of continuity of care [12, 13]
- The difficulty of stimulating young colleagues to invest time in research rather than immediately go after the economic benefits of private practice
- Navigating the complex hospital bureaucracy

In terms of revamping orthopaedic training programs, the group came to the following collective conclusions:

- Reconsider the appropriate length of time for training in a specialty (which currently varies by country from 4 to 6 years); no institution felt their training time was sufficient
- Recognize that the need for longer training may be a result of shorter work hours
- Allocate more time to training programs for research
- Be cognizant of the impact that the overly focused course of study has on the trainees
- Because of limited time, possibly focus on the “star” with the greatest potential.

Feedback from the program participants was all positive. For the most part, the attendees came because of the great networking opportunity, the occasion to learn about new topics in their specialty, and to update their knowledge base. They felt they had learned valuable information about the organizational structure of Hospital for Special Surgery that could be applied to their own hospitals; obtained new ideas for improving and building education and research exchange programs; and developed a network of highly specialized orthopaedic centers that can be used as a resource to improve education, research, and administration at their own institutions. The participants also felt they had become knowledgeable of the special research interests held by the membership organizations, learned guidelines for new surgical techniques, and made contacts for fellowships.

Summary

At the close of the meeting, the participants summarized the most important ideas in education, clinical work, and research brought out in discussion. In the future, the members would like to:

Education

- Have one or two traveling fellows per institution
- Develop an ISOC visiting faculty network
- Set up teleconferencing among ISOC members
- Offer specialized training for a traveling fellow (prize)
- Require all residents at member hospitals to take one test
- Offer a certificate of observership
- Define the best curriculum and the optimum number of residents to provide an excellent education

Clinical

- Share clinical protocols
- Exchange faculty
- Set up financial models
- Develop benchmarks for quality care
- Look at cost effectiveness

Research

- Set up collaborative registries
- Expand implant retrieval registering and research
- Conduct multicenter clinical trials
- Collaborate in basic science research

- Work together on chromosomal research
- Conduct clinical trials with multinational funding
- Set up research exchange fellowships.

After learning about Hospital for Special Surgery's Implant Retrieval Registry, Switzerland's Schulthess Klinik immediately began forwarding implants to be recorded in the registry. This will help the registry to grow, making it more valuable for future research projects.

The first ISOC meeting was a success on many levels. An international professional dialogue was begun by the leaders of the premier institutions in the field of musculoskeletal health. The group became aware of the information and resources offered by the individual members and recognized the potential for coming together to improve research, education, and training. The power of their combined knowledge and experience, as well as their personal commitments to improving global musculoskeletal health, offers boundless possibilities.

The future challenge for the ISOC will be to develop a cohesive group, as members are located all over the world, speak different languages, and come from differing cultures. The next meeting of the Society will take place at the Schulthess Klinik in Zurich, Switzerland, from October 16 to 19, 2008. Bylaws are being created to ensure the academic excellence of new members, as well as their commitment to the goals of the organization. As leadership moves from one membership organization to another every other year, it will be important for members to stay in touch and to make the initiatives of ISOC a priority from which all will benefit.

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