



RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

Joint RCSI-Gussie Mehigan Fellowship Report

Grant Holder Name	Joseph Baker
Brief biography, including qualification and year of graduation (no more than 100 words)	BA, University of Otago, 1999 MBChB, University of Otago, 2003 PG Dip Sports Medicine, University of Otago, 2003 MCh, University College Dublin, 2011 FRSCI, 2013
Title of Project/Fellowship	Spine and Spinal Deformity Fellowship, NYU Hospital for Joint Diseases
Year of Award: Commencement Date: Conclusion Date:	2014 August 1, 2015 July 31, 2016

Summary (no more than 250 words)

I attended the NYU Hospital for Joint Diseases, New York for one year as the International Spine Fellow. Whilst here I worked under the guidance of almost 15 spine surgeons, many with a number of years' experience. Through spending time in the clinic, attending case conferences and participating in operative cases I have greatly enhanced my exposure and ability to treat a variety of spinal pathology from the occiput to the sacrum in both the paediatric and adult patient. I also took the opportunity to be involved in the resident teaching program and the departmental research program. I was involved in writing a number of papers and continued to develop my research portfolio while learning more about research methodology and effective use of resources. I believe I represented the RCSI well and would hope that the mutual experience during the fellowship year will allow a relationship to continue between NYU HJD and Irish spine and orthopaedic surgeons.

Grant Report (in the region of but no more than 500 words)

Objectives of Project/Fellowship:

The aim of the fellowship was to gain exposure in spine surgery and learn principles and techniques for managing conditions affecting the spine from occiput to sacrum in both children and adults.

Did you achieve these objectives?

Yes

In your opinion, what is the value of your award to:

(a) Yourself

I have gained experience in managing common as well as complex spinal pathology under the guidance of almost 15 spine surgeons in a dedicated unit. Weekly complex case sessions were a great learning tool with a number of opinions often expressed for the same case. As fellows, we were often questioned and invited to freely question treatment strategy. I was able to complement clinic-based teaching with a wide exposure to a variety of pathology and techniques in the operating room logging over 380 cases for the year. Particular highlights included correction of a 'chin-on-chest' deformity utilising anterior cervical spine osteotomies and a S1 pedicle subtraction osteotomy for correction of malalignment. In general I had a very sound exposure to condition affecting the

paediatric and adult population alike allowing me to feel comfortable offering a 'cradle-to-grave' approach to delivering spine care in the future. I also feel comfortable applying principles to more complex cases to devise treatment options.

I was fortunate enough to be involved in resident teaching delivering two talks during their weekly teaching sessions and also contributing on a 1:4 basis for weekly teaching of residents as they rotated through the spine unit.

Participating in the departmental research program throughout the year was an eye-opener, seeing how a well-organised research centre can function. I had the opportunity to develop my research portfolio under the guidance of more experienced researchers culminating in the presentation of one paper at the International Meeting for Advanced Spine Techniques in Washington D.C.

(b) The institution in which you worked

I believe I represented the Irish nation and the Irish Higher Surgical Training programme in Trauma and Orthopaedic surgery well. As the International Spine Fellow here I have continued to develop international contacts with the unit that will hopefully bear fruit in the future with further opportunities to collaborate and be involved in each other education systems. I hope that the effort put into research will result in future opportunities for other Irish trainees.

(c) In the future for Irish patients

Irish patients will benefit from my exposure to high volume, high quality spinal surgery. They will benefit from my experience with the most common spinal pathologies and the experience I have gained in treating these both non-operatively and operatively. They will benefit from my involvement in a number of complex cases, as mentioned above, and newer procedures not being routinely performed in Ireland but which have increasing applicability as the evidence base to support their use grows, including less invasive techniques. The health system stands to benefit if or when the opportunity rises to incorporate lessons learnt in New York. I have a greater appreciation for ability the potential to minimise hospital stay - a number of procedures that would typically mandate at least overnight stay in Ireland are performed as same-day procedures in the US with appropriate safety nets in place.