European Bone and Joint Infection Travelling Fellowship Report
September 2016

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We present a summary of our experiences and outcomes from the Travelling Fellowship awarded at the 35th EBJIS Annual Meeting in Oxford.

Our aims were to examine the organizational aspects of dynamic, multidisciplinary bone and joint infection units in the context on national healthcare systems in addition to approaches to treatment of a wide range of orthopaedic infections. We also hoped to analyze the integration of the various specialties required for patient care and the dynamics of team play within the units. The final objective was to develop a 'helicopter view' of the European treatment of orthopaedic infection and establish a personal professional network for future collaboration in this demanding field.

From September 4th to 16th, we visited four major European bone and joint infection units: Berlin (Charite with Dr. Trampuz), Lausanne (CHUV with Prof. Borens), Ingolstadt (Klinikum Ingolstadt with Prof. Wagner and Dr. Hauffen) and Barcelona (Hospital Clinic with Dr. Bori and Dr. Sorriano).

In each of the 4 units we had opportunity to follow and question the orthopaedic and micro / infectious disease team on the wards. We visited theatre to see infection cases in 3 of the units which was extremely useful and in two units we had the chance to scrub in with operations. It was also fascinating to accompany ward rounds to see the range of patients treated and the early post-operative outcomes and we were rewarded with a display of team dynamics in clinical action. A more relaxed atmosphere at social events provided by each unit allowed us to discuss the personal aspects of each service and develop lasting friendships. Importantly, the three of us also had time to digest and reflect on the experiences we were having. We were particularly grateful for the precious time that each clinician spared from their busy schedules.

All but one (Ingolstadt) of the hosting centers shared a common trait of being teaching hospitals. All of them had full access to diagnostic facilities, including microbiological laboratory, radiology and pathology labs for histological studies. However, the four units we visited differed greatly with regard to available clinical specialties.

Berlin's Charite, despite being the largest hospital in Germany, had no plastic surgeon assigned to the bone infection unit and only single staff plastic surgeon for the entire hospital, rendering it practically impossible to use his services for complex reconstructive procedures. On the other hand, it held a very well-functioning multidisciplinary team of orthopedic surgeons, infectious diseases specialists and microbiologists with other support staff (physiotherapists, pharmacists, etc.). They were also one of two centers (the other one being Barcelona) running multidisciplinary outpatient service. The Berlin unit provided an insight into rapidly developing a unit in a major teaching hospital in both in clinical and basic scientific research. We discussed service development and legacy.

The Swiss team from Lausanne could ask for help from local plastic surgery service, however this cooperation was available on ad hoc basis and none of the plastic surgeons had a specialist interest in septic surgery. Additionally, despite broad range of support staff and junior doctors, the service seemed to rely on Prof. Borens charisma and personality. It was also the only of the centers regularly holding morbidity and mortality meetings and other measures of quality control. Lausanne team showed us how to combine infection and trauma surgery in busy teaching department. Operative techniques for one and two stage treatment of hip PJI were demonstrated.

Septic unit of Klinikum Ingolstadt had three plastic surgeons available, however, they were not involved in most of the cases, as local orthopedic staff opted mostly for staged interventions, with high threshold for involving plastic surgeons. It also differed from other centers by being mixed septic ward, treating not only orthopedic infections. Ingolstadt revealed how to address service delivery in a smaller hospital with an emphasis on the importance of team building and leadership. We had an excellent tutorial on the role of biofilms in addition to a delightful social weekend.

In Barcelona's Hospital Clinic, weekly joint meeting of various specialties (orthopedics, infectious disease, microbiologists, radiologists, pharmacist) have been held for the last twenty years - a remarkable tradition. No plastic surgeons were involved, but ad hoc services were available to the septic unit. The unit was interesting also in the way, that due to the lack of formal recognition by the hospital authorities, it was organized 'horizontally' across different general orthopaedic wards. However, this forced the unit members to concentrate on periprosthetic joint infection, being unable to serve other patient populations (e.g. posttraumatic osteomyelitis).

Barcelona was a unit that clearly outlined the importance of clinical research as a way of driving up standards of care and leading service development. The unit also had developed a strong camaraderie amongst its enthusiastic team and this was inspiring for us to take back to our own units.

In all the units we presented and discussed clinical cases of PJI and osteomyelitis. We also questioned each unit on service delivery, team dynamics, leadership, development of each unit and EBJIS overall. We also had a chance to build the basis for long-term collaboration and friendships with many people.

Proposals for improvement of the EBJIS Travelling Fellowship.

A Travelling Fellows Alumni Group would be very helpful to maintain and develop the knowledge and professional network developed. It would also provide an interested mixed group of engaged clinicians to become the next generation of EBJIS leaders and support the new fellows. (Please see addendum)

Improve communication between EBJIS and the fellows as leave and travel arrangements need time to be organized. A schedule of units to be visited needs to be available as soon as reasonably possible for the fellows.

We feel that the EBJIS Travelling Fellowship report produced by each cohort of fellows should be published on the EBJIS website and be available for those contemplating applying for the fellowship.

The fellowship payment didn't cover reasonable costs of fellowship and might be reconsidered (see addendum 2). Additionally, the fellows are expected to give a presentation at the next years EBJIS Conference and the conference fee could be waivered as they are in effect invited speakers.

Advice to fellows

The fellows could organize a small number of interesting cases to present to each unit to allow comparison between the approaches employed and stimulate discussion eg hip, knee PJI, tibial chronic osteomyelitis. Cases could raise issues around challenging soft tissues, non unions, segmental defects and possibilities for staged procedures, multiple revisions or difficult microbiology for examples. In addition a series of common questions about the facilities in each unit, their history, research opportunities, teamwork, leadership styles and future directions etc may help to evaluate and learn from each unit in a structured format.

All specialties involved in bone and joint infection would gain valuable insights from the fellowship and we encourage all to apply as we felt a mixed group brought different and interesting perspectives that all learnt from.

It is hard to keep moving between units and be away from family for effectively 2 ½ weeks. The early starts, long days and social engagements are tiring.

An impression of a unit can be developed in 48hours but time as a group reflecting on the learning points and networking is a very important part of the fellowship.

Addendum 1

EBJIS Fellows Alumni Group proposal (EBJISF Alumni)

Aim

1 - Promote long-term cooperation and multidisciplinary social support between fellows in areas of treatment / service development / research.

2 - Train and promote the future leaders of EBJIS

Mechanism - Separate subgroup meeting at EBJIS, email communication, mentoring, visits, advice for new fellows, advice for fellowship, new media, facebook

Structure - Contact list maintained by coordinator, ?liaison person on board? who, EBJIS to provide a space for a meeting on provisionally a Thursday evening at EBJIS. This would be an external meeting and not conflicting with national representatives.
If popular, a travelling meeting at one of the fellows units or at a unit of special interest out with the EBJIS annual conference.

Plan

Contact all previous fellows by email, letter. EBJIS Secretary to provide the list.
Find out who / how many would be interested
Get ideas of what they want or would benefit from.
Explore modern communications / communities on line / forums / Facebook / whats app
Encourage partners for social programme

Problems

Engagement in busy schedules - how to get people to come
Costs - ask for subsidy travel, meeting rooms,
Language – default to English
Where to have meetings? - can combine a teambuilding weekend with a visit to an interesting unit.
How often ? yearly / biannually

EBJIS support required.

Room at EBJIS

Provisional meetings plan at previous fellows unit.

Arrive Friday PM

Saturday morning - partners - lie in
Fellows - introductions, short papers - innovations - science/ service/ top tips
Saturday afternoon - social lunch / team buildng / introductions
Sunday - 10am reflections on fellowships / future meetings / challenging cases
Sunday afternoon - End of meeting 1pm

Addendum 2

The costs of the 2016 EBJIS fellowship

	Costs	EUR
1	Flights	920
2	Ground transportation, incl. fuel	320
3	Hotel stays	1650
4	Food (breakfast, lunch, supper) 35 EUR/day	455
	Total	**3345**