



PEDIATRIC ORTHOPAEDIC GLOBAL OUTREACH



# POGO E-NEWS

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## ***WE'RE TRYING TO REACH YOU!***

Welcome to the inaugural edition of POSNA's Pediatric Orthopaedic Global Outreach (POGO) Committee Newsletter.

We're reaching out to our former scholars to maintain a connection with POSNA and foster new connections. Our quarterly newsletter will feature a scholar spotlight and educational opportunities made available to and by the POGO (COUR) scholar community.

## SCHOLAR SPOTLIGHT

### ALAAELDIN (ALAA) AZMI AHMAD, MD



My name is Alaaeldin (Alaa) Azmi Ahmad and I am a pediatric orthopaedic surgeon based in Ramallah in the West Bank, Palestine. I work as a pediatric orthopaedic surgeon in Ramallah and Jerusalem as well as Amman in Jordan, and I hold academic positions in Palestine and the United States. These include adjunct professor at Palestine Polytechnic University, Palestine (current), as well as adjunct professor at the Medical University of South Carolina (MUSC) Orthopaedic Department (2010-2020), and the University of Toledo's Biomedical Engineering Department (current) in the United States.

Over the duration of my surgical practice in Palestine, I have developed new techniques related to pediatric orthopaedics, which I have published in peer reviewed journals and presented in global congresses. This includes the Active Apex Correction technique (APC), a posterior tethering procedure for early onset scoliosis associated with rods gliding spontaneously and the one week accelerated Ponseti technique for idiopathic club feet.

In conjunction with this work, I am a member in several institutions concerned with pediatric orthopaedics and spine deformity such as EPOS, POSNA (COUR member 2014), SRS, NASS, SICOT, Eurospine,

and AO spine. My membership in various global surgical organizations has given me the opportunity to share experiences with distinguished people in various continents. This openness to different experiences has also strengthened my appreciation for the necessity of focusing on transferring experiences and capabilities to surgeons in limited resource regions.

To facilitate surgical capability building in limited resource regions, I have been a member for the last ten years in committees concerned with global surgical work. I have also organized and participated in hands-on training programs in the field of pediatric spine surgery in India, Pakistan, Mozambique, Tanzania, and Rwanda.

“I am proud to say that this book [see page 3] is the first to systematically discuss the medical and organizational obstacles towards the provision of this service in limited income countries and to offer guidelines to circumvent and overcome some of these obstacles in affordable and institutionally feasible ways.”

## SCHOLAR SPOTLIGHT (CONTINUED)

### ALAAELDIN (ALAA) AZMI AHMAD, MD

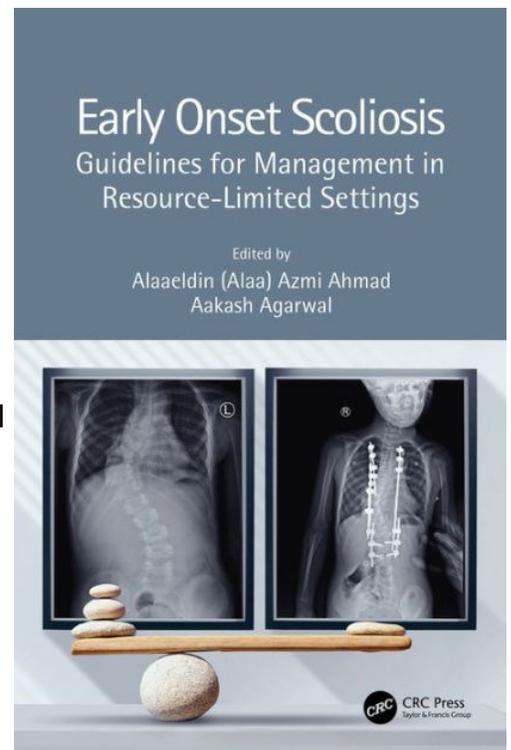


A core focus of my surgical research is how to provide pediatric spine surgery service through correct and modern scientific foundations while accounting for, and overcoming, challenges posed by resource limitations and the lack of a developed healthcare system. The publishing group Taylor and Francis approached me 2 years ago asking if I would like to be the main author of a book of the subject of my choice, and I chose to write the book on early onset scoliosis treatment in resource-constrained settings.

The publishing company asked for the book plan, which I shared with my co-author (Aakash Agrawal, PhD, biomedical engineering) and which was sent to the UK and USA for approval. In the book plan, I highlighted the importance of integrating the experiences and viewpoints of surgeons who have been pioneers in the provision of this service in limited resource regions. The book covers the experiences holistically from the point of view of not only the surgical procedure but also of the target countries' medical education systems, governmental and non-governmental organizations and their role, relationships with the industry, the role of international experts, and other issues.

I am proud to say that this book is the first to systematically discuss the medical and organizational obstacles towards the provision of this service in limited income countries and to offer guidelines to circumvent and overcome some of these obstacles in affordable and institutionally feasible ways.

Presently, I am now participating in the first blended course for pediatric spine training in North East Africa under the umbrella of the spine department in Weill Cornell, NY, with more than 35 spine surgeons from the COSECSA region standing to benefit from this course.



## REGIONAL SCHOLAR CASE DISCUSSIONS

POGO has created small scholar groups in geographically near areas and is encouraging the formation of case-based discussion groups that combine North American and International surgeons to share cases and advise each other. The first introductory meeting was held on April 22, 2021, with scholar alumni in India and a few representatives from the POGO committee. It was held via Zoom in the evening in India and the morning in the U.S. to attempt to accommodate everyone's busy schedules. We asked for input from the scholar alumni on what they would find most useful for the group and the formats that would be most accessible. The community identified goals of case discussions, research mentoring, and virtual observation of surgical skills. Case discussions could be held both over synchronous Zoom meetings and on a case sharing/social media platform. Zoom meetings for the group to come together were felt to be ideal if scheduled every 2-3 months, lasted 1 hour with a defined agenda, and included a short didactic talk followed by case presentations for group discussion. This could also be a format for sharing friendships, hobbies, and life lessons. An opportunity for mentorship within the community was identified, as there were senior members interested in serving as mentors and junior surgeons requesting mentorship in general as well as a specific request for mentorship in research. There was some sharing of experiences around COVID, as at the time of the meeting, India was in the midst of a devastating surge. We plan to use the information gathered at this first meeting to help further develop the virtual community in order to build relationships between scholar alumni in India as well as between scholar alumni and POGO members. We hope the success of building this first virtual community will help develop the virtual communities in other regions.



# POGO SCHOLARS VIRTUAL COMMUNITIES

Virtual communities for case discussion are starting. The leads are listed below and they will coordinate with scholars from these regions through a variety of interactive platforms

Region	Central/South America and Caribbean	Africa	Middle East, Europe, Asia	India	Southeast Asia
Time Difference	-3 to -7	+1 to +3	+2 to +6	5.5	+5.5 to +8
Countries	Brazil-3,-4 Columbia Ecuador Panama Haiti- 5 Nicaragua Costa Rica El Savador-6 Mexico - 6,-7	Cameroon Nigeria+1, Mozambique Malawi Congo+2, Ethiopia Kenya Tanzania Uganda+3	Egypt Palestine Ukraine+2 Iraq+3 Iran+3.5 Armenia+4 Tajikistan+6	5.5	Nepal+5.5 Bangladesh+6 Cambodia Thailand Vietnam+7 China Philippines+8
POGO Scholars/Courses members	Terry Ishmael	Walid Yassir	Hamdi Sukkarieh	Heather Kong	Kellie Leitch
	Karen Bovid	Amanda McCoy	Walid Yassir	Dave Gurd	Fabio Ferri-de-Barrios
POGO Research member	Fabio Ferri-De-Barros	Shiraz Younas	Larry Robinson	Collin May	Eric Fornari
	Maryse Bouchard	Michael Horan			

## SCHOLAR NEEDS SURVEY

POGO is conducting a survey of scholar needs.

Take it on your phone or computer!

The survey can be taken at

<https://bit.ly/POGOScholarsurvey>

You may also scan the QR Code with your mobile device to be taken to the survey site.



1. What do you perceive to be the biggest barriers to performing academic research for orthopedists in your country? (choose all that apply)

- Lack of funding
- Research idea generation
- Insufficient mentorship
- Insufficient training in research methods
- Inadequate collaborator network
- Unequal partnerships or unfair recognition when working with international colleagues
- Difficulty with access to health/patient data
- Inadequate access to journals and primary literature
- Barriers to study execution (logistical delays, lack of support, insufficient time)
- Other: