A single word embodies the entire foundation of Western Medicine. Its three letters set the tone for a distinctive worldview of healing and for the science upon which it is based. They differentiate the structure we have come variously to call orthodox medicine, allopathic medicine and most recently biomedicine from every other system of caring for the sick that the world has ever known. That word is see.

Sherwin B. Nuland

My first contact with the John D. Constable International Travelling Fellowship sponsored by the American Association of Plastic Surgeons (AAPS), was through the AAPS website. A fellowship was described to improve the fellow’s understanding of American plastic surgery and to promote good will and academic interchange among surgeons of the international and American surgical communities.
I was intrigued by the idea and applied for the Fellowship because of its unique capacity to fortify my practice with the knowledge and expertise required to meet the daily challenges of plastic and reconstructive surgery in a developing country. March 24 2016, I will never forget this date, Dr. Linda Philips, M.D. AAPS Secretary, wrote me a letter informing me of my selection as the 2016 recipient of the John D Constable Travelling Fellowship. I was overjoyed and recalled my motivation to apply for the Fellowship. In our regional practice, the optimal management of congenital craniofacial and hand anomalies has remained a challenge because these sub-specialties are yet to be developed, thus centers dedicated to providing such care are unavailable. My desire was to obtain world-class exposure in the area of craniofacial plastic surgery and hand surgery so that upon my return I will dedicate more of my practice time to these specialties. Literally, this Fellowship was a journey into the unknown, and I was excited to see how my career benefits and responds to an entirely new academic and cultural environment in the United States.

Johns Hopkins Hospital Baltimore June 17th – 30th 2016

I was lucky to be at Johns Hopkins Hospital Baltimore, during the orientation program for first year residents and fellows by Wei-Ping Andrew Lee M.D. This remarkably enhanced my understanding of the American medical education system, application of evidenced based medicine and mentoring. I also participated in the morbidity and mortality conference and grand rounds to observe the organization and delivery of training and teaching sessions in core
The competencies of practice based learning, professionalism and systems-based practice.

The operating room sessions at Johns Hopkins was an amazing experience. The timetable was full of scheduled surgeries but I had the privilege to move freely around. The plastic surgeons, nurses and staff at Johns Hopkins Hospital are friendly and dynamic and I felt very welcome. All were happy for me to participate in their operating lists. Victor Wong and Jens Berli made me fit in easily.

In the operating room with Richard James Redett M.D., I was privileged to observe pediatric plastic procedures and this experience gave me a good understanding of the principles of all aspects of pediatric plastic surgery. I was intrigued with the Dr. Redett’s reconstruction of symmetric, well-shaped, and natural-appearing ears in a child with bilateral prominent ears. There was instantaneous reshaping of the cartilage, conferring a natural appearance to the ears and patient satisfaction. The post-operative dressings to prevent hematoma was unique to Dr Redett. It was elaborate and guided by the need to avoid dead spaces and prevent hematoma formation. Autologous ear reconstruction for microtia is a complex, multi-stage procedure. I also learnt a systematic, reproducible, and reliable approach, using industry supported microtia specific instrumentation and digital planning for autogenous ear reconstruction. This includes planning for reconstruction with cartilage using harvest templates, suture guides, and 3D patient scaled ear shaping guides. This remarkably increased the precision of the intra-operative fabrication of auricular cartilages and the location of the reconstructed auricles. The outcome was outstanding.
Amir Hossein Dorafshar M.D., a keen teacher and a versatile craniofacial surgeon on facial reconstruction, is one of the most enthusiastic teacher I have ever met, always on the edge of the most advanced surgical approaches. I was able to observe the restoration of mandibular bone defects facilitated by computer-assisted preoperative planning. Customized cutting and resection guides were use in the reconstruction of the mandible with fibular free flaps. The advantages are increased surgical precision, improved operative efficiency, and overall good outcomes. My sincere gratitude goes to all the doctors and fellows at Johns Hopkins Hospital and to all the members of their very professional team, and the opportunity to learn from very thoughtful and innovative surgeons.

Children Hospital Philadelphia 1st - 31st July 2016

My next destination was Children Hospital Philadelphia. Tikisha Elam of the Administration Office helped me from the moment I arrived until the last minute of my stay, and of course a special thanks goes to her. I was given a comfortable accommodation and full access to everything that my status would allow, and this really made my observership memorable.

I had the privilege to be with, Scott Bartlett MD, the Director of the Craniofacial Program at the Children’s Hospital of Philadelphia (CHOP) and Chief of the Division of Plastics Surgery at CHOP head of the Department of craniofacial surgery at the Childrens Hospital of Philadelphia. His warmth and wisdom, his candid outlook towards pediatric craniofacial surgery were very pleasing and enriching. It was impressive to be able to observe so many “text book cases” of congenital craniofacial anomalies at a time and to deepen my understanding
through direct observing - I rarely met with these cases in my practice. It was not only a pleasure but an honor to be with him in the operating room as a visiting fellow. His algorithm using early posterior vault distraction osteogenesis for patients with syndromic craniosynostosis significantly reduces the average number of fronto-orbital advancement procedures in the first 5 years of life, and is likely to reduce the total number of major craniofacial procedures in life. This protocol in the management of children with syndromic craniosynostosis improve cerebral, ocular, and occlusal function and simultaneously obtain an optimal craniofacial appearance outcome. I am eagerly looking forward to an International Pediatric Craniofacial Surgery Partnership in sub-Saharan Africa. This will have an enormous impact on the profession by educating and mentoring the next generation of plastics surgeons in Nigeria and sub-Saharan Africa.

Nothing could be better than starting the day with a didactic teaching session in hand injuries. An outstanding personality is Benjamin Chang M.D who was always willing to share with the rest of the group his expertise from years of experience. The scheduled lectures on select topics provided us with a good review of the basic principles in the management and treatment of various hand injury conditions. He makes hand surgery procedures look so simple and easy, and his mastery in carpal fractures is a rarely seen thing. This experience has deepened my knowledge and provided opportunities to apply that knowledge with benefit in the management of patient with hand injury in Nigeria.
Massachusetts General Hospital Boston and Shriners Hospital Boston 1st - 30th August 2016

My travel continued on to Massachusetts General Hospital Boston and Shriners Hospital Boston. Janet Ferraro and Mathew C. O’Bren provide support in all aspects of my visit and really made me feel at home from day one. It was a very intensive 4 week in the operating room and in clinic. I learned the indications and results of different techniques in aesthetic and reconstructive surgery as well as pediatric plastic surgery. William Austen Jr. M.D., Curtis Cetrulo M.D., Kyle Eberlin M.D., Thomas C Cochran M.D. and the chief resident and all the fellows and residents were also very friendly to me. They all love to work and teach. I found it very interesting and extraordinary the way they guide their team and taught the residents. It was simply a gift to observe very interesting cases of breast reconstruction, body contouring, rhinoplasty and facelifts. They were all eager to discuss the selection and peculiarities of surgical techniques as well as tricks and tips. I learnt not only surgical skills, but also communication skills with the entire staff and residents, as well as with patients.

Shriners Hospitals For Children Boston

Dr. Matthias B. Donelan, chief of staff and chief of plastic surgery at Shriners Hospital for Children — Boston, and Joseph Upton, M.D., plastic surgeon at Shriners Hospitals for Children — Boston, were a revelation. I came to realize that teaching fellows and visitors is always a priority for both of them. They were leaders in plastic surgery are so full of energy that it is difficult for everyone else including the operating room assistants and surgical fellows to keep up with them. Mathias
B. Donelan’s lecture on the principles and use of Laser in burn scar hypertrophy delivered to an audience of just two, including a medical student and myself, is one of the best I have ever attended. Such off-hand and impromptu talks are gems in their own right, and will be a major milestone in my learning process. Joseph Upton M.D. invited me to all his clinics and surgical procedures. I had the opportunity to observe firsthand, a congenital hand anomaly clinic to assess and critically appraise function, appearance, and treatment options. I really liked his technique of separation of syndactyly of the hand in Aperts syndrome, and his post operative dressings. I am very sure of pursuing his technique with some changes made to suit my practice environment and the financial constraints of my patients. I want to thank him for the visit to his outpatient practice also learned a lot from his library of hand molds. This has greatly enhanced my knowledge and understanding of the inherent intricacies of the classification of congenital hand anomalies.

Acknowledgement

I would like to express my heartfelt appreciation to Dr. Constable and the John D. Constable Fellowship Committee of American Association of Plastic Surgeons (AAPS), for the remarkable opportunity you've offered to me. I have certainly found this fellowship a great learning experience. Learning pediatric plastic surgery at the various institutions thorough teaching facilities and ultramodern equipment was a unique experience. My special appreciation as well, to Rebecca Bonsaint, Associate Executive Director of AAPS, for her extraordinary kind support and understanding in every aspect of my preparation to the United States. Lastly, I
would like to thank my family for providing me with perpetual inspiration in all my endeavors.

Advice for future Fellows

I would like to give some suggestions to all future recipients of John D. Constable Traveling Fellowship to enhance their educational and social experience.

1. Determine your goals for the Fellowship and the time needed to achieve these goals.

2. Select the appropriate institutions. When selecting an institution at which you will be spending part of your fellowship, you need to find a place that offers your objectives for the fellowship.

3. Getting situated in the United States. Start your preparation for the visit early. Establish early contact with Rebecca Bonsaint. She will be of immense help regarding suggestions for suitable accommodation and paper work.

Sincerely,

Abdulrasheed Ibrahim