

IFSSH Harold Kleinert Visiting Professorship in Poland in 2023

Diary and Report from Jin Bo Tang

INTRODUCTION

This is an extraordinarily well-organized visiting professorship by the host. I found I cannot describe how excellent the teaching contents, arrangement in 6 cities and transportation were and how much the educational mission has been achieved with this trip. I also found I cannot describe in words hospitality, kindness, warmth, and closeness of all involved colleagues and hosts with me during my visit to 6 cities across the Poland in 16 days. I will try to describe the activities with the kindness of Polish colleagues below, but I am sure I cannot describe these well in words, because their warmth and dedication are beyond my words.

DIARY

Day 1. Arrival. I arrived at Poznan late in the evening of September 17, at around 11:30 pm. My host in Poznan, Dr Piotr Czarnecki, and the president of Polish Society for Surgery of the Hand, Dr Pawel Zejler, two main trip planners as well as organizers were waiting outside the airport exit. I was welcomed with a big bag of gifts including tastes of Poland, candies, chocolates, mug, souvenirs, representing the Poland (from the highland to the Society) from Mr Zejler. The chocolates, candies, and other gifts carry stickers of the Polish Society for Surgery of the Hand. Inside I also found a can of Polish honey and a small waving hand. I was then driven to the hotel, which is very close to the hospital where activities of the next days will be. The hotel locates right outside the ring of the inner Poznan City, with a walking distance (5 min) to a modern shopping mall, a pedestrian street lined with local restaurants that lead to the city center.

Day 2. Lectures and workshop. In the morning, we had a cadaveric workshop in the Poznan Lab, a quite new facility for orthopedics related workshops, cadaveric labs, with a classroom on the second floor and a cadaveric dissection/surgical practice room on the first floor.

This workshop was organized by the Polish Society for Surgery of the Hand with about 30 attendees from this region, and 4 instructors. After warm introduction and welcome address, I gave two lectures: (1) Flexor tendon repair techniques: How I do it, and (2) Complications of the flexor tendon repairs, followed by surgical demonstration in cadaveric hands, which included how to make a 6-strand repair, how to vent the pulleys, how to do a direct repair in tendon-bone junction area, and how to pass the tendons from a palm incision.

The attendees were divided into 6 teams, each team working on one hand for practicing tendon repair, pulley venting, and delivery of the tendon from a palm incision. Four instructors including 3 members from the Polish Society for Surgery of the Hand and myself rotated to 6 teams of attendees who were practicing in the cadaveric hands.

I was so impressed by the level of cadaveric practice of attendees: they could reproduce what I had just show in the talk very well. Among the attendees, most are junior hand surgeons or trainee orthopedic surgeons. A few visiting hand surgeons (including one from Israel who was spending one month in Poznan) also attended the cadaveric workshop and observed the practice of the attendees.

After this session, the attendees were given lectures on nerve repairs by instructors. I was arranged to leave the cadaveric workshop at about 3 pm, taking a 3 hours' guided tour in the old town of Poznan with the president of the Polish society for surgery of the hand. We visited the iconic sites of Poznan, starting with a cathedral outside the town by River Warta, the Poznan Cathedral of St. Peter and Paul, which dominated the Ostrow Tumski Island, also known as Cathedral Island, the oldest part of Poznan. I came to realize that the first polish kings of lesser Poland was buried in this crypt of this cathedral, and Poznan was one of the main political centers in the early Polish state. The church bears enormous importance in the country. After a quick stop-by to Srodka District, the guide and host kindly led me to the market square, Parish Church of St. Stanislaus, administrative buildings of the university, and a memorial for the 1956 Poznan protest. Though the famous market square is under renovation, I enjoyed the tour a lot, and knew hundreds years ago the amount of tax paid for those houses facing the square and streets was decided by the number of windows of the houses.

In the evening, we had dinner together with all workshop attendees and instructors in the hotel where the attendees stayed. The dinner ended at 10. I arrived at the hotel at 10:30; my hotel is close to the hospital, but the attendees' hotel is closer to the Poznan Lab.



Day 3. Case discussion and surgeries. I was met by Mr Czarnecki at 7:45 in the morning in the hotel, and we went directly to the hospital, which is only 5 min car drive away. The hospital is in an old monastery, which does not look like a hospital from outside. However, the facility inside the hospital is excellent and modern. I met the department chair, Dr Leszek Romanowski, then led to see and examine a few patients and discuss the patients with colleagues in the department. I saw

quite interesting cases of congenital anomalies in the ward and learnt they have a large number of complicated cases including a wide spectrum of trauma and congenital anomalies. I attended preoperative case discussion on the patients with distal radius fracture, delayed presentation of zone flexor tendon laceration, and extensor central slip laceration, and extensor dislocation in the MP joint.

Soon after case discussion, I was led to the OR for operating some of these cases just discussed. From 10 am, three surgeries were arranged, including one extensor central slip repair (a micro-anchor was used) and repair of two FDP tendons in the middle and ring fingers. Because looped suture is not available, I used a 6-strand triple Kessler repair method for the FDP tendon; suture knots were left outside over the tendon surface—a Kessler type of suture (not a modified Kessler repair), which is a point of my talks the day before in the workshop. That technique was incorporated into the surgical cases.

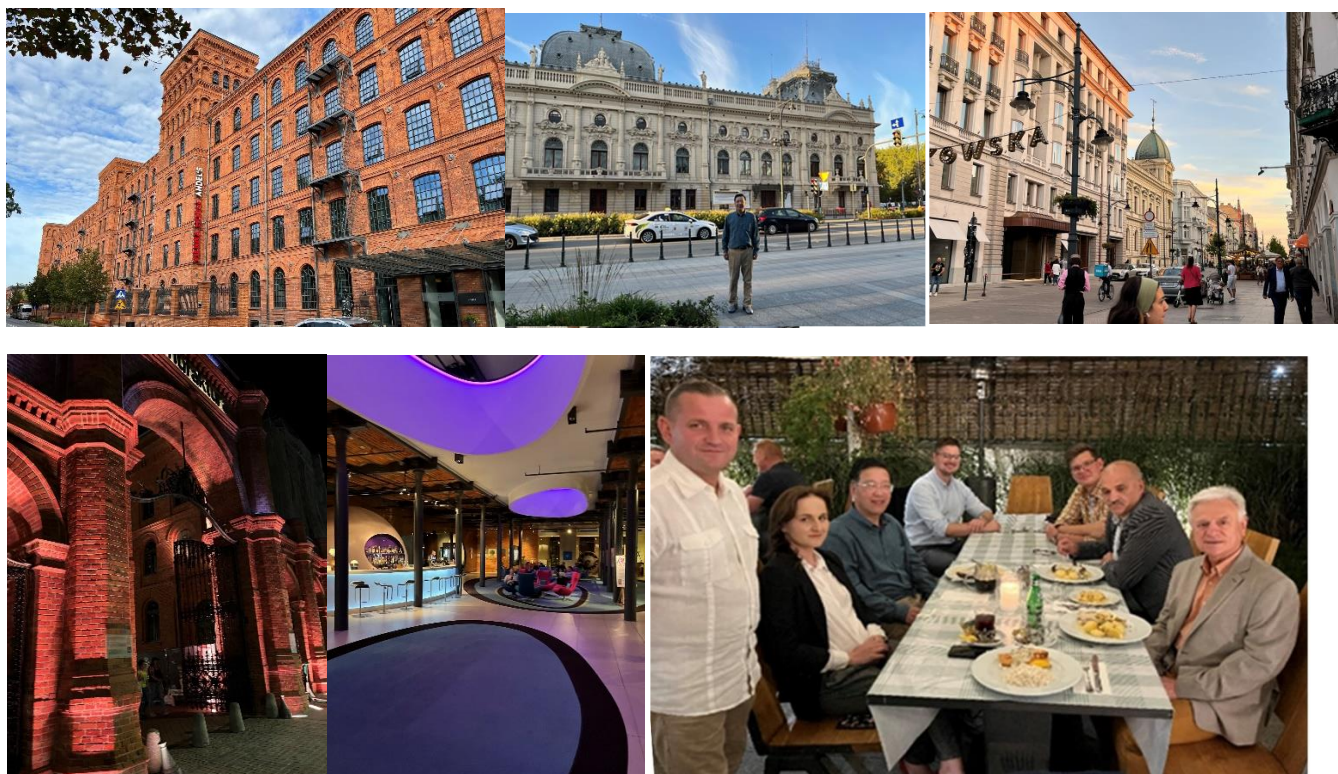
The mixture of lectures and workshop in the first day followed by operations in the next day have been a model of education not only in Poznan, but also other cities where I visited. This model in the visiting professorship was found to be an excellent teaching method, through which the practiced methods could soon be demonstrated in live surgery in the same day or next days. After completion of the 3 operations at about 4 pm, the Poznan colleagues continued with the operation for a thumb totally amputated at the MP joint level. I explained to them a small trick that I use for replantation for veins to avoid venous congestion. Next day they told me they incorporated that trick to that case, and found it very useful. Replantation of the thumb was successful; the replanted thumb had no apparent shortening and replantation was done rather fast. The microsurgical facility in Poznan is very modern, with advanced microscopes, surgical instruments, and a skillful supporting team. The colleagues are skillful in microsurgery. Mr Czarnecki invited me to a Polish restaurant after surgery for a short walk and we had great time in chatting on Polish culture.





Day 4. Lectures to orthopedic society in the morning and transfer to next city in the afternoon. In the morning, I was led to the hospital to give two lectures in the hospital auditorium with local division of Polish Orthopedic Society. The attendees are not only hand surgeons: the first talk was on flexor tendon repair: current principles and methods; the second on wide-awake hand surgery used in my hospital. I returned to the hotel to pack my luggage for the next city.

At 12 in the noon, a resident from my next destination (Lodz) arrived at my hotel and picked me up and drove me to the next destination, Lodz. The car drive took 3 hours, with 2 hours in highway and 1 hour in local road leading to the city center. I arrive at the Andel Hotel in Lodz at 3 pm, a fabulous hotel renovated from an old textile factory right next to a shop complex (also renovated from old textile factories). Because my stay in Lodz was short, my host arranged a short guided tour from 4 to 6 pm right after my arrival. The very short guided tour offered me a perfect overview of the City of Lodz. The first stop of the tour was in “Palace”, next to my hotel. I learnt from a museum inside the Palace that Lodz had about 800 factories in late 1800 and early 1900, providing textile products to majority of East Europe, particularly the Russian Empire. The factory owners and merchants made a great deal of fortune, and built elegant houses in the Piotrkowska Street and outside the city. We then walked at the beginning part of the Piotrkowska Street, with old buildings lining up and stretching over 3 miles, where I could still sense glory a century ago. The factories are no longer used; many factory buildings were renovated as the restaurants and bars. It is a feature that many shops, restaurants, bars, hotels have intentionally preserved (exposed) red bricks. The tour ended at 7 pm in a restaurant where my host, Mr Robert Rokicki entertained me with a dinner. The dinner was attended by both senior and junior members of the department, with delicious food, and a relaxed chat with Polish Vodka.



Day 5. Lectures, patient examination, case discussion, and operations. This is the only intact day in Lodz, so we had lectures, patient examination, case discussion, operations all in one day.

We started with a lecture on flexor tendon repair, then wide-awake surgery in early morning, followed by examination of about 6 or 8 patients the host had prepared for me to ask for my opinions and surgical planning. The patient was called to the lecture room one by one, with clinical examination first, followed by my opinions and advices on surgical plans. Among these patients, a patient presents with loss of function of FDP tendons of the ring and little fingers without any reasons (etiologies) and abnormality in plain X-rays, MRI, ultrasound, etc, which is still a mystery to us. The patient examination and discussion were very efficient and intimate with my host, which ended around noon.

After that they soon arranged the surgeries of two patients who we just discussed for surgical plans. The first was a tendon transfer in an 80-year-old lady in a wide-awake setting; during surgery we could check the tension of the transfer directly and communicate with the patient about her expected functional recovery and postoperative care. The patient had immediately recovery and quickly sent back to the ward. She was extremely nice and grateful to us; we took a number of photo together. She stayed in the hospital for a day and was discharged. The second case was an old zone 2 flexor tendon injuries with pulley losses, requiring staged reconstruction. For this patient, a Hunter rod was inserted, the A2 pulley was reconstructed with a remnant of the FDS tendon. My assistant for the operations, a super nice and sweet hand surgeon, Joanna, later explained to me what she learnt from the surgery about the use of the FDS tendon: I have used all available FDS tendon materials without trimming any parts off to increase the width of the reconstructed A2 pulley. I was

asked whether I circle any grafted tendons over to the extensor aspect of the finger in reconstructing a pulley. I answered that I had never done that, as that may interfere extensor function and appear unnecessary as well. Suturing to the remnant of the A2 pulley appears sufficiently strong.

The operations were followed by a wonderful dinner with a small team from the surgery in a modern restaurant renovated from a factory. Polish food served is fantastic!



Day 6. Lectures in Lodz and transfer to Warsaw. I only had half a day in Lodz this day. Two lectures were arranged before my departure to the next destination in noon. Two lecture topics were given: One is about complications after primary flexor tendon repair, and second is tendon allograft for secondary reconstruction. In both talks, I could refer back to what I did in the case the day before, and why I did so for that patient. The two lectures were organized to discuss the problems that we may encounter during flexor tendon repair. The arrangement of a short visit through: “lectures—patient examination and discussion—surgeries for these patients---next day coming back to explain what were done through lectures” is an example of meticulous arrangement of the contents by my host and their logic selection of contents to fit my short schedule in Lodz. During all the intervals of surgeries or in lunch or dinner, I had discussion including differences of hand surgeries between countries, training methods, and how to handle microsurgical cases.



At the time of finishing the trip, I was given a large bottle of Polish honey from my host, a photo taken in the previous day and a framed picture of an old mansion in Lodz. I could also sense the careful arrangement of my host to many details during my short visit, such as arranging me to the Hotel Andel beside a shopping complex elegantly renovated from old factories. My host, Mr Rokicki, had to pick me up each time with 15-20 minutes' drive to his hospital. Mr Rokicki drove me to the Lodz train station. He is so careful and kind to lead me into the seat inside the train, making sure I was in right seat, then we said goodbye. The train trip took only 1 hour, covering 80 km, with a few stops. I was welcomed by my next host, Dr Maciej Klich, in the platform of the Warsaw Station. Mr Klich drove me to a new hotel beside the river Vistula (the longest river in Poland) and famous status of Warsaw mermaid by the Vistula River (erected in 1939 by Ludwika Nitschowa and posed by poet Krystyna Krahelska). The mermaid is in Warsaw taxi and many other logos. My host kindly arranged a dinner in a famous traditional Polish restaurant (Stary Dom) in the

south of the Warsaw center. The IFSSH delegate of Poland and my host of the final destination, Dr Ireneusz Walaszek flew from Szczecin to welcome me in Warsaw in the dinner and Mr Walaszek also served as an instructor in the cadaveric workshop next day.

Day 7. Lectures, demonstration, instructions to the attendees in Workshop in Warsaw.

This is the only intact day of my visit in Warsaw, and this was Saturday. We started the day with a drive for 30 min to the Warsaw Lab located in the suburb. This new facility was open only months ago. I gave three lectures: flexor tendon repair updates, treatment of complications, and wide-awake hand surgery, then demonstration of flexor tendon repair, tendon passage, pulley venting, tendon-bone junction repair in cadavers, followed by the exercises of the attendees, questions and answer with the attendees.

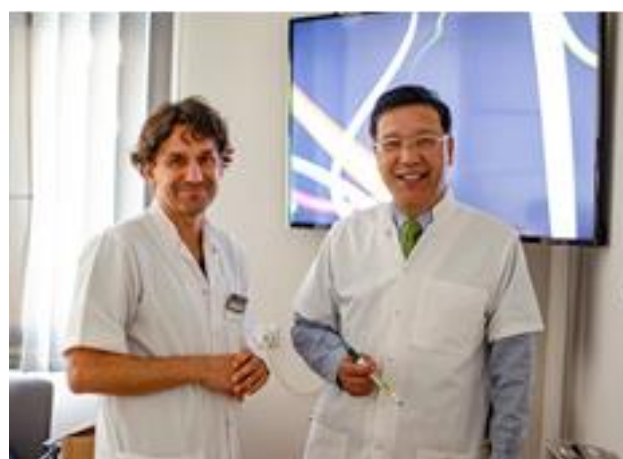
Several therapists from Warsaw also attended lectures and watched surgical repair exercises by the attendees. In late afternoon, this course continued with lectures on nerve repair and transfers so to maximize experience of the attendees. I was led by a guide for a short tour to old town, the new city center, and an elegant Lazienki royal garden outside of the center (where summer Chopin Concerts have been held at the foot of the Chopin monument). Rain started at the time of my visit to this garden. This is the only day with rain in my 16-day visit; other days were beautiful sunny days (my host said, even the weather is arranged for my visit). I preferred no invited dinner this day, as that is Saturday and I felt my host really got tired as well. I enjoyed walking around the newly renovated bar area right next to my hotel and had dinner myself.



Day 8. Rest in the morning, then train transfer for 4 hours to next city. It was Sunday. I intended to go out for a short walk, but found myself very tired, so went nowhere with hours of rest, and packed my baggage again for the next destination by a train departing from Warsaw central station at 1:17 pm. This was the day of Warsaw Marathon 2023, many roads were blocked, so we had to leave the hotel early at 11:30 am, to prepare for delays. But lucky enough, there was no traffic problems, so I arrived at the station at about 11:50 am. I could buy coffee and food in the station for lunch and ate with no rush. I boarded the train to next destination.

In the 4 hours' very comfortable train ride, I enjoyed seeing the new and elegantly designed farmers' houses along the road. The countryside is picturesque, which is flat without a mountain, filled with trees and shrubs of autumn colors, clean and neat countryside roads...all under bright sunshine, which I enjoyed tremendously. I arrived at Wroclaw train station, welcomed and met by my host, Dr Pawel Reichert in the platform. We immediately took selfie in the platform with bright smiles. Because I have changed the location every 2-3 days in past 8 days and need to prepare some slide contents before sleep (usually until 1 or 2 am), I could not really know the name of the Wroclaw well and had no knowledge whether it is a small or a big town or city. After arrival and in the drive to my hotel, I soon realized this is very big city and through Pawel, I knew the city was originally a Polish land 1000 years ago, then once a part of Czech, Austrian-Hungary empire, being a major German city for hundreds of years before the First World War. Because these impacts over centuries, this city has vibrant and diverse culture. The people embrace differences and accept newcomers much easily. Most people in the city came after the World War II from other places. In recent 2 years, many Ukrainians arrived at the city; 30% of the current residents are from Ukraine. Most taxi drivers may only speak simple Polish, so do many shop assistants. I requested no invited dinner this day, so I got more relaxed. I went to a restaurant (SW. JAN) in the historical market square and enjoyed a delicious traditional Polish beef and potato meal with a cocktail.

Day 9. Lectures and workshop of tendon repair. I had the longest stay in Wroclaw in Polish trip and I enjoyed. From day 9 to day 11, each day, there was a different workshop, beginning with my lectures followed by attendees' practice. Day 9 was Monday. I was picked up at 8 am, and went to University Hospital through a 25 min drive. The hospital was built 15 years ago locating out of city center. I gave three lectures this day: the first on tendon repair techniques, second on treatment of complications after tendon surgery, and the third on wide-awake hand surgeries, which is followed by practicing tendon repair of the attendees using tendons in pig toes. Before workshop, I met with Dr Krzysztof Zimmer with a pleasant chat in Dr Reichert's office. He told me Dr Millesi and Dr Kleinert visited this hospital many years ago, and he also joked that his friend from USA wrote to him about planning to visit Wroclaw when having a conference in Portugal, but after landing at Portugal, his friend found it is still far away from Wroclaw. The workshop was organized by Dr Reichert with Dr Maciej Dejneka. Dr Reichert is the professor in the department. Maciej was on site of the workshop all the time; he organized every detail of the practices of the attendees. I was then led to see the patients and around the hospital in the afternoon with Mr Reichert. Mr Zimmer and Maciej took me to a restaurant Pod Papugami in the center of the market square, where we had a pleasant dinner; I had delicious Polish soup and main dish of duck breast. Mr Zimmer told me the restaurant owner is his friend; I wished to tell his friend that we are super delighted about the food and the owner, his friend, was very happy to hear about that.



Day 10. Workshop on microsurgery, lectures open to the hospital, and the operations. On the second day in Wroclaw, similar to the first day, we started the practicing vascular anastomosis under microscope in the morning. At 11 am, two lectures were given to the hospital, the lectures were open to all in the university hospital who had wished to attend. The lecture topics were planned with a wider scope fitting to attendees from other specialties: 1. Limitations in evidence-based medicine: How to deal with wrong-information based practice. 2. Challenge the dogma of hand surgery. We proceed to operations after noon for two cases: 1. cubital tunnel release under wide-awake setting; 2. neurolysis and tenolysis in the distal forearm in a patient after median nerve repair. Frequent discussions were held regarding what to release and what do not need to release during cubital tunnel decompression. They also noted some slight differences in surgery, such as I use scissors to cut more often to access and release around the ulnar nerve, but they do more blunt dissection. In neurolysis of the median nerve, we found the PL tendon adhered to the nerve. The PL and dense scar were resected around the nerve, without intraneural neurolysis. This patient has partial median nerve function, so it was decided we do not resect the nerve segment with re-repair. We discussed “tension-free” nerve repair, which they are strict to abide by. Even for a very small gap (2 cm) for which direct repair is possible with slight tension, they do autografts, but I would directly repair it and consider a direct repair may work better. The surgery was streamed to the classroom where workshop attendees could watch realtime, and I went back to classroom after surgery with more discussion, questions and answers with the attendees.

Then I was led by Mr Reichert to examine a few patients, among whom we decided we will operate one patient with forearm replantation and functional reconstruction the next day. Mr Reichert informed the patient about my visit and his surgery could be done by me the next day. The patient was excited about this operation. The patient had replantation surgery 9 years ago, with almost no function after replantation in another hospital. The skillful colleague, Mr Reichert, in Wroclaw restored his pinch and grasp a few years ago, but active flexion of the fingers were still insufficient and scar in the first web prevented the patient from a wider thumb motion and more powerful opposition. Therefore the surgical goals of this time are to open up the first web more if possible and release of scar/adhesions in the forearm to improve flexor muscle functionality.

In the evening, Mr Reichert invited me to the moat and enjoy a dinner in restaurant Przystań i Marina by water. We sat facing the illuminated university main building and reflection of the building in the water. Mr Reichert told me history of the city and promotion system in Polish universities. I enjoyed well-cooked octopus, which is tasty. At the end, we had tiramisu with expresso poured to its top, with stronger flavor of coffee (also more caffeine).





Day 11. Workshop of nerve repair, operations, and lectures. This was the third day in Wroclaw. We were first informed that the two surgical patients of the earlier day reported improvement in nerve and tendon function. We proceeded to surgery of the patient having had forearm replantation. Z-plasties were done for the first web after resection of the scar, then the thumb CMC joint was approached, with releasing the intra-metacarpal ligament between the 1st and 2nd metacarpal bases. The patient appears to have easier opposition and adduction passively, we decided not to do too much as bony healing occurred in this previously operated CMC joint. Soft tissue release allows slightly improvement in pinch and opposition, which is the goal. Next we made an s-shaped incision in the mid-forearm approaching the muscle bellies. During the entire surgical process, Mr Reichert, being the professor, used a microphone to explain to the attendees in the classroom what I did and why I did that way. The incision made is through the middle of the skin graft, not along the graft edges, my explanation of such a choice was to allow easy access to the massive scarred muscle bellies and to minimize the risk of skin necrosis by this secondary surgery as the full-thickness skin graft is relatively avascular. The scarred muscle bellies were exposed, and we released the PL and a few flexor tendons from the scar, and resected a large amount of scar in the muscle bellies, which made passive extension of the fingers much easier. Scar between muscle bellies were resected, but we avoided deep dissection or separation of the muscle bellies. I presume that the muscle bellies act together to flex the fingers after surgery, and separating muscles was both unnecessary and risky (or impossible). There is dense scar deeper to the muscle bellies. I intended to go deep to release the scar. My host feels the scar resection in the volar aspect would make the patient very happy, and it could be dangerous to go deeper to muscle

bellies as the vascular anatomy is unclear after replantation, and median nerve function of the patient is rather normal, which we do not wish to interfere. I agreed to take this safer approach (next day, I was informed that the patient had much improved active finger flexion, without any problems of the volar skin after surgery, and the patient felt very happy about the surgery).

Immediately after surgery, at 11 am, I went to the classroom, where the attendees were practicing nerve repair under microscope using sciatic nerves of chicken legs, which serves as a great practice model for the attendees. I gave two lectures: Flap use and microsurgery: An Asian Perspectives, and some misconception of the upper extremity compression neuropathies.

Later afternoon, I had wonderful time with most of the attendees and a guide to walk in the famous Jewish area of the city, market square, university, and the cathedral island, ending with a sit-down chat on the beach of the moat with attendees and later a dinner with colleagues of Wroclaw in a restaurant (La Scala) beside the university serving amazing food. Dr Arek Janusz took a lot of wonderful pictures and we talked a lot during the walk and dinner. We enjoyed wonderful conversation and delicious Polish food. I learnt a lot about history of Poland and unique features of this city. The congress of the Polish Society for Surgery of the Hand will be held in this city with Professor Reichert being the society president. I returned to the hotel in 11 pm with Mr Reichert and Maciej (in street parking, a pleasant ticket was settled with a small fine!).





Day 12. Transfer to Czestochowa and dinner with Society Council members. This is a day of transfer to Czestochowa, which Mr Reichert picked me up at 2 pm and drove me to the city. Before 1 pm, my very kind and considerate host, Maciej, wished me to see every important thing in the city and thought two important landmarks were missed in Day 11. He took me to the Panorama Racławicka, a panorama view of a battle of Polish people against Russia (15 × 114 meter, cycloramic painting depicting the Battle of Racławice, during the Kościuszko Uprising). Then we took a taxi to an outside area to view a huge complex (Centennial Hall, a landmark in Wrocław, and an outstanding example of modern recreational architecture) built by German 100 years ago. Currently this is a UNISCO World Heritage Site. We walked around and sat to have a lunch while enjoying a musical fountain show from 1 to 1:15 pm. The view was spectacular and music and fountain show were elegantly displayed. I was told the show is on each hour, with classic music and colorful lights in the evening shows. It was a pity that I had to leave the wonderful city in the afternoon, but I was so much grateful to my host that he was so considerate to lead me to see all major features of the city. I took a walk in the city from 9-11 and enjoyed seeing city's daily life before Maciej took me to the above two sites.

Mr Reichert was so kind and careful to choose a route slightly longer from Wrocław to Czestochowa, for the purpose of showing me something important on the route. We passed through the town, Wielun, where the Second World War started at 4:40 am on September 1, 1939. This town was only 1 km away from the border at that time. We arrived at Czestochowa after 3 hours' drive at 5 pm. I had 3 hours of rest time before attending the dinner of the board of the Polish Society for Surgery of the Hand from 8 pm. During the dinner, I got to know composition of its Council and transition: the president, immediate past president, president-elect, secretary, treasurer, one IFSSH representative and one FESSH representative are in the council. About the half should be changed every 2 years, but IFSSH representative and FESSH representative should stay unchanged unless there is a change in the representatives. Therefore, most often a president is elected, secretary, and treasurer are elected and new every two years. The Council has online meeting often, with voting on any discussed topics.

Day 13. Lectures in the Society Congress and a visit to Jasna Góra. This is the day of major Polish Society for Surgery of the Hand meeting, to which I gave two lectures. The organizer gave warm welcome and introduction with slides of activities of my previous 12 days in Poland before my talks. The first lecture was 45 min, on flexor tendon repair methods, followed by about 10 min of discussion. The second lecture was 20 min, given to therapists' session, about therapy after flexor tendon repair. In later half of the afternoon, my host prepared a guided tour to The Jasna Góra Monastery in Częstochowa, in the holy city of Poland, and its museum and library. It is a

pilgrimage destination for hundreds of years. It was an extraordinary and precious experience, the museum is full of royal gifts over the past 4 centuries, and the visiting to the chapel with The Black Madonna was especially touching, and the visit to the library (through a special permit obtained by my host, which is a rare honor); I could sign in the library visitors' book, arranged by the dear host Mr Pawel Zejler. The library room is a collection and storage of 70,000 books and manuscripts of 300-400 years old, which is not open to public. I was honored with the opportunity to visit this holy library, and sign in the visitors' book. I was so much impressed the wooden tables and decoration of this room, all by one person completed in 1739 after life-long efforts, which is so marvelous.

In the evening, we had a congress dinner, with a lot of diploma given from the society president to many who contributed to the society as well as the guest speakers to the congress. I was given a large framed diploma. At that moment, I decided to find time to buy a large case to carry this diploma as well as the gifts from hosts in different cities. My luggage became bigger and bigger (luckily I could use a large exhibitor's bag to carry this diploma to the next destination). The dinner was followed by a party with most, if not all, participants dancing in the end. I stayed until the very end of the party, 2 am. I had great honor to meet the family of my great host and society president, Mr Zejler. I was introduced to his wife, his elder daughter and son-in-law, and his younger daughter, who is in the third year of high school and remain undecided to which college or profession she will head to (she said her father pretty much wishes her to go to medical field), and the cousin of the president, and her friend. Both his cousin and her friend are in the third years of the medical school in Lodz, coming to attend the congress just before the new academic year starts. They have great conversation with me, asking me what I can advise to become a good doctor. I promised to send them a few articles. Polish medical students are very open and their enthusiasm to be a better doctor is superbly reflected through their questions to me, so did my interaction with medical students in in another city. I wish they are benefited from my answers and this visiting professorship extends to medical students.

Day 14. Second day of the Congress and transfer to Szczecin through 6 hours' drive. This day had meeting until 4 pm, with excellent academic program such as CMC joint arthritis and scaphoid fracture etc, finally the report of future activities of the FESSH. At 4:00 pm, my next host, Mr Ireneusz Walaszek (IFSSH representative) with his colleague, Kaja Gizewska-Kacprzak, drove me to his city through a 6 hours' drive across half of the Poland. We arrived at Szczecin at 10 pm, with a stop in the middle to eat. Mr Walaszek and Kaja could explain to me the activities they prepared for me in the next 2 days with medical university, hand surgeons, medical students, workshops and ceremonies.

I had a pleasant trip with 6-hour communication with two warm hosts! I was told among the long list of lectures, they picked up some of the important topics benefiting next generation of scholars—the ethics of our profession and scientific research and publication. I got realized that this is a totally new topic of this visit, which I got to add to existing slides in the night to prepare for the talks in the next 2 days. In the mid-night, I indeed enriched my existing slides on these topics and got to sleep at about 2 am after finishing the slides.



Day 15. Parade with Pomeranian Medical University (PMU) teachers, students and workshop “Around flexor tendons”. There is a tradition of a parade of the universities in Szczecin in the noon before the academic year, to welcome freshman to the universities and students to the city. Four universities hold joint parade through city center and main roads lasting for about an hour. I was led by my hosts, Mr Walaszek and Kaja, to join the parade at 12 pm. Before that, a 2-hour guided tour was kindly arranged by my hosts to see a few sites of the city. I could see the 3 giant cranes preserved to reflect the harbor and port history of the city. This city is very close to German border (only 12 km), and is a major seaport. There is no salt water in this river, but it is generally said the sea and river is divided by a bridge in the center of the city (so two permits needed if you go fishing). Aroma can be smelt while in the waterfront, because there is a chocolate factory on the other side of the river (making chocolate for a Belgium company, labeled

as Belgium chocolates). My hosting young hand surgeon enjoyed a lot of water sports in his medical school years in the city, sailing to Copenhagen, and enjoyed rowing in the river. Many large cargo ships are built in the shipyards of the city.

The parade is full of fun, with kids and other family member joining in, and the kids from the apartment buildings watching and waving. Drones flying overhead record the parade. The parade ended in a central park, where we aimed to find a place for lunch, but we finally had to leave without lunch because our afternoon workshop start from 3 pm and we had to drive to the workshop from 2 pm to prepare. We arrived at the workshop, which is in the classroom inside a new building for medical students.

We had workshop with about 30 attendees for tendon repair method after three lectures: 1. Tendon healing biology; 2. Primary flexor tendon repair and rehabilitation: current method; and 3. Complications of flexor tendon repair: How to treat. Then we discussed on cases of flexor tendon reconstruction and distal radial fractures. I was very impressed by how well the medical students could do tendon repair in the training model, and felt the medical students are among the brightest and most capable. They can skillfully use forceps, needle holders and rather excellently reproduce the tendon repairs. I felt they surely will become excellent surgeons if they choose the specialty. A few instructors and myself went to each of the practice tables to give instruction and enjoyed discussion with them.

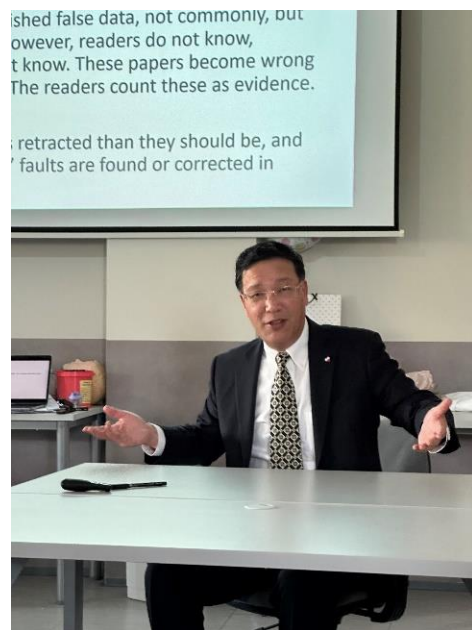
In the evening, my host, Mr Walaszek, entertained me in a restaurant (Brasiliero) in the *newest* old town (renovated and rebuilt a few years ago at the site of the original old town) and enjoyed conversation greatly. Mr Walaszek gave a review of my activities in 6 cities with elegantly made slides before dinner was served. It is a highlight and an honor that the president of the Polish society of surgery of the hand, Mr Zejler, *drove 6 hours from his home for this dinner to wrap up my visit*. This is deeply moving to me. Mr Zejler had busy days for the congress. He only got one day rest at home after such a congress, then he drove 6 hours across half of the Poland only for this dinner and officially thank me and say goodbye to me. We just had dinner in his city 2 days earlier, but he considered this final formal dinner was so important that he had to come, and convey thanks and hospitality of Polish colleagues. I was given another diploma from the society as well as a Polish scenery book signed by 6 hosts for thanking me for the visiting professorship. Mr Klich flew from Warsaw to join the diner as well and he also served as an instructor of that day's workshop. I felt this is an unparalleled hospitality and friendship, which I will keep saying in the future as the symbol of Polish hospitality and culture. This also reflects how careful the colleagues in Poland planned my trip and activities. The dinner and attendance in my final destination were well planned before my trip through coordination among 6 cities, which made me very moving with deep respect and gratitude to my dear Polish colleagues and friends. I think they are capable of hosting any activities relating to IFSSH to the highest quality, which I am sure will do in future. I felt the enthusiasm, strength, and technicality in their planning and execution, as well as warm hospitality and great cultural strength in welcoming and hosting the visitors and friends. Thank you so much, my friends!



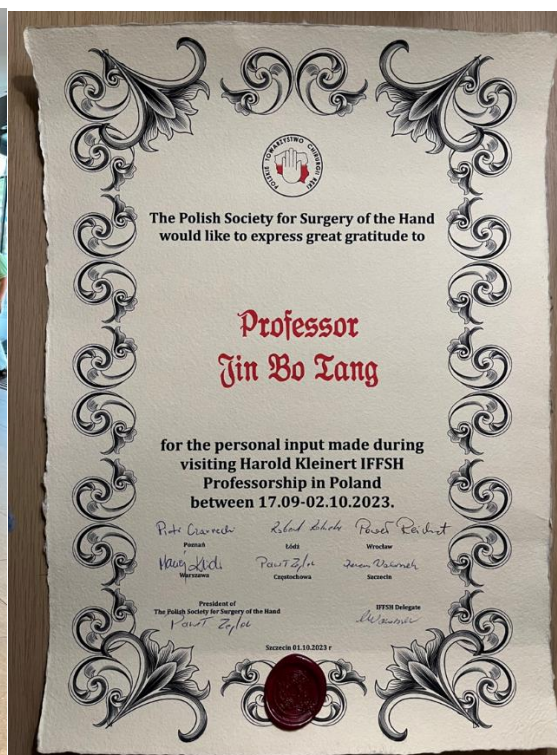
Day 16. Attending Inauguration of 75th Academic Year of PUM as honorary guest and holding Workshop for Young Scientists. This final day of lectures built a height and touched a fundamentally important topic, through a workshop called “Meeting the Young Scientists”, with a group of medical students with keen interest in academic career and advancing medical science. I gave two lectures on how to deal with wrong-information based practice, and how can we encourage good publication ethics, with emphasis of “starting from me, protecting the environment of academics, and safeguard ethical standards of scientific research and publications.” It was so fruitful: young scientists and medical students expressed their deep interest in the topics and contents, and some feel this workshop is a life-change event for them. They planned to write that down to share their feelings and impact/format of this workshop publically. They feel in medical

school these topics should be regular educational components before anyone stepping into medical research and publications. I urged them to start from ourselves, do correctly, then educate others what is proper and what is wrong, influence other people, teach other people, to be exemplary to those around you over a long time. To me this is important education, touching upon the important issues underlying all medical fields. This workshop has stimulated ongoing discussion among medical students. Kaja innovatively developed the format of the workshop and organized all activities. She thought teaching medical students how to be good scientists and authentic scholars was the best birthday gift to her.





Day 17. Farewell to Polish colleagues. In the final two hours' free time, 9-10 am of this day, I could go to a nearest shopping mall to buy a large Poland-made luggage case to contain all books and gifts that I obtained in the trip. In final 30 min, I enjoyed wine with full relaxation before my host picking me up at 11:20 am. This was a moment of full relaxation, with completion of all talks, workshops, operations, discussions, social events, without thinking about what are needed to the slides to be used. I enjoyed a moment of recalling all fond memories of hard work, warm hospitality, in-depth conversations, and tremendous friendship during the past 16 days and recorded a video of thanks to send to all hosts and colleagues who I met in past 16 days. My host, Mr Walaszek, waiting for me in the lobby, surprisingly presented me his personal gift to me, a collection of Polish poems "Zgubiona dusza" with autograph of the author, Olga Tokarczuk, the Nobel Prize laureate in Literature in 2018, reflecting the call for the simple authentic life, cherish truth and purity in our planet and human beings, with deeply touching paintings. I very cherished this gift, together with all the friendship with Mr Walaszek and others, happy and unforgettable moments, and all the hospitality that I received from my dear hosts and friends. I feel that I learnt a lot and developed a strong bond with Polish colleagues and had lifetime experiences through this visit. I departed to Frankfurt, and transfer from Frankfurt to Toronto next day to get to IFSSH ExCo meeting site. I arrived at the meeting room two minutes before the meeting, with warmth from Polish colleagues that all our ExCo members could feel. I could share my experience to all ExCo members and next day with all member society representatives how our Polish colleagues and society hosted me and made this visiting professorship so successful, unforgettable, and fruitful.



CONCLUSIONS

In summary, this visiting professorship had 25 lectures (23 delivered in labs or hospital auditorium in 5 cities and 2 to the national congress), 10 workshops (cadaveric workshops, practical training workshops using simulations, and young scientists workshops) in 10 days, clinical patients

examination with case discussion in 4 cities, and operations on about 10 patients in 4 days, and numerous personal discussions (ever day), questions and answers (ever day), consults, and many professional events: national congress, university parade, inauguration of academic year invited by medical university dean, and culture events.

The colleagues in host society were extremely dedicated and supportive. In different occasions, they told me they had spent a lot of time, many online video calls and phone calls to coordinate, which I can clearly feel. In all cities, my hotels were arranged to a location close to town centers and in hotels with Polish characters, which allowed me to experience the Polish cities during a short and busy stay in each city. I could see hotels closer to the hospitals, but those hotels would not allow me experience Polish culture, and my hosts have avoided booking hotels which can be found anywhere else in the world (chain hotels). Clearly this is their well-coordinated decisions through their planning. The ratio of talks, operations, demonstration, and short guided tour was almost same in all these cities, with guided tour accounting for 10% of the activities. In all these cities, such short guided tours were included in the schedule, which is clearly impossible to happen without careful planning to this degree of consistency.

From the time of my landing to the final farewell in the airport, a lot of pictures were taken, which will be included in a picture collection book to be printed later, to send to me as well as to IFSSH. This is clearly another well-planned action. There is no one day without careful documentation of my activities by my host. In one city, a professional photographer was invited, who sent the picture to city newspapers and university news outlet, instantaneous posts in Facebook. Their plan includes extended education beyond hand surgeons, with education to young scientists and impact of this visiting professorship to university level, with contents beyond our profession in the final days. And the hosts' final farewell party summarized all my activities with no less than 30 slides *before the dinner with a projector*, attended by colleagues from two other cities (one come by flight and the other by driving for a total of 12 hours), which is clearly a well-sought careful plan to bring this visit to a highlighted end. In each city, my schedule was accurate in "hours", and all were executed according to the schedule. The cases for the surgery were prepared and the patients were arranged to be admitted when I was in the city, with the operations fitting to lecture contents covering tendons, nerves, replantation, other soft tissues, later functional reconstruction. The surgeries were streamlined to the classrooms for others to watch. Without pre-arrangement of the patients, all these cannot happen.

My hosts are humble enough to ask what should be improved, which I say "surely nothing should be improved". My hosts said they will pass down the experience of hosting and arrangement to future hosts and be exemplary as this visiting professorship is a highlighted education mission of IFSSH and it is in the stage of setting its standard and format. They feel a lot of responsibility in *making this one a sure success*. I told them the careful planning, a diverse educational format, and arranging education in several cities are all those future hosts may learn and adopt. From my side, I sent a list of 15 lecture titles to them months ahead, let them to arrange any they wish me to talk.

With regard to operative cases, I told them it is fine to operate soon after examination or next days; they do not need to send me patient information beforehand. I adjusted the contents of talks to fit different audience because some are for cadaveric labs, some open to hospital audience, some to young scientists or students. This was usually a task of me after their dinner, from 11 pm to 1 am.

My host and I wish the above information is useful to future hosts and the professor. At the very end of the 16 days, I got complement of “being one of them”, “perfectly normal man, also extraordinary man”, and “a friend and a colleague”, “great teacher who is willing talk to anybody including medical students”, which I am very happy to hear. For me, it is a duty to teach, to share, and to build friendship, and serve as a vehicle of IFSSH.

In almost all lectures, I include a picture of Dr Kleinert and labeled talks as “IFSSH Kleinert visiting professorship”. I explained in most talks, Dr Kleinert was a pioneer, a surgeon, a giant and a teacher. He received more than a thousand visiting fellows or trainees to his institute, which benefited a lot of hand surgeons. Now his legacy is passed to our generation and his spirit of teaching and education is carried out in the form of inviting one professor to deliver education to the colleagues in different cities of a country, which is another format of education. In a Chinese saying, a great teacher should “*never be tired of teaching*” if one is entitled to teach and has something worthwhile to teach. This exactly is what the education is about. A central goal and mission of IFSSH is education.

Physically I was tired most of time, but the spirit kept me going forward, and I have never tired spiritually. I feel richened by building tie and friendship with so many colleagues. I can feel the warmness, kindness, and keenness even now while I am writing these down. I wish education and friendship make our IFSSH family close and intimate.

Jin Bo Tang

Completed on October 7, 2023 before boarding the flight leaving Toronto.