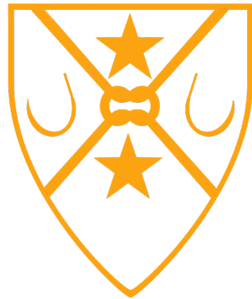

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THE
MOYNIHAN
ACADEMY
PURSUIT OF SURGICAL EXCELLENCE

Welcome to our September Newsletter – A Careers Month Special

As a diverse council, we recognise the challenges and stresses of choosing and pursuing a career in surgery. That's why we felt it was important to acknowledge these and find various ways to support you at all levels. This month, we've focused on topics like mastering ICSP, applying for CST ([see our Medall here](#)), pursuing fellowships, making the most of your surgical rotations, and highlighting numerous events and opportunities to bolster those CVs and skills.

Recently, I had the pleasure of visiting the Emergency General Surgery team at the John Radcliffe Hospital in Oxford. Being able to take a step back and observe the care and compassion delivered in one of the most acute areas of the hospital reignited my passion for EGS. A career in surgery is about so much more than just operating. It's about the patients, the decision-making, and the people. We are a community focused on making some of our patients' worst days a little bit better. So, if you think a career in General Surgery is for you, step into the theatre, chat with patients, and explore our resources to help guide you along the way. And if you're already a general surgeon, consider what kind of surgeon you want to be and how you can continue to excel.

This Newsletter promises to be jam-packed with career advice, key papers and top tips for all levels in EGS and Trauma. We're also developing more guides and webinars, so if you have any unanswered career questions, please do get in touch via our socials [@asgbi_ma](#)

Most importantly, I am delighted to announce that registration is live for the highlight event of our year – The Moynihan Academy EGS Weekend, taking place on the 10th-11th January 2025 at Austin Court, Birmingham. This promises to be an invaluable weekend for all resident doctors, featuring sub-specialty sessions co-chaired with our friends at Roux, Dukes, and ASIT, a Fellowships Breakfast Session, FRCS

Viva practice, MRCS revision and practical skills sessions, and inspiring career talks. Be sure to sign up now to take advantage of our early bird prices and make the most of this opportunity!





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PRESENTS: THE EMERGENCY GENERAL SURGERY WEEKEND 2025

10th and 11th January 2025

FRCS and MRCS Level Programs

Further details and registration
[HERE](#)

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Training | Education | Research



The Dukes' Club
FOR COLORECTAL SURGICAL TRAINING



Papers of the Month

Mike Bath, MA Research Lead

Over the summer, a really interesting paper was published in the British Journal of Surgery that assessed the impact pre-operative steroids could have on patient outcomes following emergency laparotomy.

These sort of papers are great in my opinion - good quality research performed on an intervention that could feasibly be implemented within current hospital set-up.

I've also paired this up with a step-by-step guide on conducting a systematic review, published in Impact Surgery journal by Mr David Naumann. This provides an excellent framework that all trainees can follow when attempting to cover – make sure to take a look!

Preoperative high dose of dexamethasone in emergency laparotomy: randomized clinical trial.

Cihoric M et al., British Journal of Surgery (2024)

DOI: <https://doi.org/10.1093/bjs/znae130>

Question: What is the effect of pre-operative high-dose steroids on the inflammatory response and recovery after emergency laparotomy?

Findings: 120 patients were randomised, post-op day 1 CRP was lower in those that received dexamethasone than those who did not. Morbidity and mortality rates were also lower in the treatment group.

Take home thoughts: Previous studies have shown the benefits of steroid use in reducing post-operative nausea. This study now seems to suggest this also has benefits in reducing morbidity and mortality outcomes too. However, I'm a bit suspect as the primary outcome of the study was CRP level, with the actual patient outcomes as secondary outcomes... caution advised...

Undertaking and writing up a systematic review: a step by step guide. Naumann D., Impact Surgery (2024)

DOI: <https://doi.org/10.62463/surgery.71>

Make sure you give this article a read to provide you with a basic framework to undertake and write your very own systematic review



Theatre Etiquette Dephi (TED) study

Collaborative authorship opportunity.

We aim to conduct a Delphi consensus to create standardised guidelines for surgical trainees and medical students on theatre etiquette.

Please help & collaborate by completing this 5 min [questionnaire](#).

Trauma in Depth

Matt McKenna, MA Trauma Lead

The Major Trauma TIG Fellowships in the UK: What are they?

Training Interface Group (TIG) Fellowships are a group of NHS England funded fellowships that aim to train post CCT surgeons in subspecialties that cross traditional speciality boundaries. Examples include Cleft Palate Surgery, Oncoplastic Breast Surgery and Hand Surgery. The Major Trauma TIG Fellowships were introduced to address the growing need for highly specialised trauma surgeons in the UK. Established following the Royal College of Surgeons' (Eng) 2016 report on trauma workforce shortages. The TIG Major Trauma fellowships aim to provide advanced training for surgeons to manage the most complex and severe injuries seen in Major Trauma Centres (MTCs). The fellowship

programme began in 2017 in line with the development of the UK trauma network, which aimed to significantly improved patient outcomes through the centralisation of trauma care.

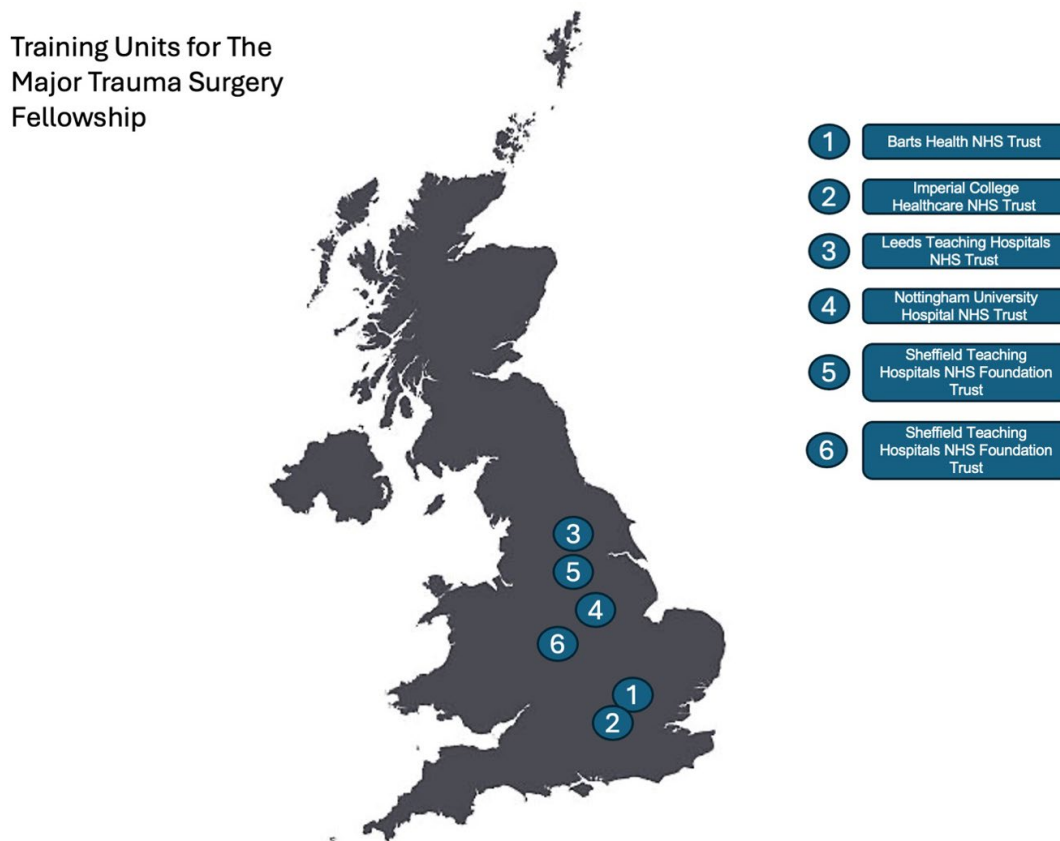
Structure and Locations

Major Trauma TIG Fellowships are based in six carefully selected English MTCs, including Barts Health, Imperial College, and Leeds Teaching Hospitals, among others (see Figure).

They are divided into two main pathways:

1. Resuscitative Surgery Pathway – aimed at vascular or general surgery trainees, this pathway equips them with the skills for life-saving interventions, including damage control surgery, major haemorrhage management, and emergency trauma procedures.

2. Major Trauma Consultant Pathway – open to a range of specialists, such as orthopaedic, plastic, and maxillofacial surgeons, as well as anaesthetists and emergency physicians. This pathway focuses on leadership in the holistic care of trauma patients, from initial resuscitation through to rehabilitation.



Aims and Learning Outcomes

The primary goal of the Major Trauma Fellowship is to develop trauma surgeons and leaders capable of handling the full spectrum of trauma care. The fellowship curriculum, mapped to the Intercollegiate Surgical Curriculum Programme (ISCP), covers both technical and non-technical skills, including damage control surgery, major haemorrhage protocols, decision-making under pressure, and team leadership in high-stakes environments.

The Role of JCST and ISCP

The Joint Committee on Surgical Training (JCST) plays a critical role in overseeing the quality and standard of training delivered during the fellowship. The ISCP, which provides the framework for surgical training in the UK, ensures that trainees meet the competencies required for safe and effective practice. The TIG curriculum is structured around the ISCP's Capabilities in Practice (CiPs), which guide the trainee's development

towards the level required for consultant practice. Fellows are evaluated through a range of assessments, including workplace-based assessments, and their progress is closely monitored through the ISCP portfolio.

Eligibility and Training Experience

The fellowship is suitable for surgeons approaching their Certificate of Completion of Training (CCT) in relevant specialties. Fellows gain hands-on experience in high-volume trauma surgeries, such as laparotomies, thoracotomies, and other critical procedures. In addition to clinical experience, fellows are involved in trauma governance, service delivery, and quality improvement, preparing them for consultant roles in MTCs.

Alternatives and Advantages

While some trainees may choose overseas fellowships for higher case volumes, the UK-based TIG fellowship provides unique training within the context of the NHS trauma system. This includes governance, multidisciplinary teamwork, and a detailed understanding of the UK's trauma care infrastructure, all of which are critical for those planning to work in the UK.

In summary, the Trauma TIG Fellowships provide an unparalleled opportunity for higher surgical trainees to develop advanced trauma skills and leadership experience, preparing them for a future in the ever-evolving landscape of trauma care in the UK.

Previous Moynihan Academy Trauma Lead, Max Marsden is the current TIG Major Trauma Fellow at The Royal London Hospital, Barts Health.

He had this to say about his first 4 weeks in the role:

"So one month in and the experience has been amazing, humbling and eye opening. There is lots of work to do and many aspects of trauma care to learn. I've been surprised by just how much of an interface fellowship this is. While my CCT in general surgery covers surgical experience and training in the abdomen the major trauma patients we look after are polytraumatised. Being able to adequately look after them requires knowledge on the management of neurosurgery, spinal surgery, maxillo-facial surgery and often complex orthopaedics. Finally, I think my prior perception of the two pathways as dichotomous was a mistake! The resuscitative pathway really benefits from lots of the learning outcomes in the Major Trauma Leader Pathway. I'd recommend the fellowship to anyone that wants to the care of Major Trauma patients to be part of their consultant job."

More Information:

If you'd like to learn more about the Trauma TIG Fellowships we highly recommend [this article](#) by Miss Kate Hancorn who was the first resuscitative trauma TIG fellow at the Royal London Hospital and is now the Lead Trainer for the fellowship at Barts Health NHS Trust.

Further information can also be found at the JCST website, [here](#).

Latest in Surgical Education

presented by

Garima Govind, MA Education Lead



Upcoming events

ASGBI EGS Symposium, 13th November 2024, Manchester – you still have over 6 weeks to get your study leave in and there's still time to sneak in an abstract!

RCSEd Laparoscopic Skills in Emergency Surgery, Thursday 24th October 2024, Edinburgh

Surgical Research Society Annual Meeting 16th & 17th January 2025

RCS Sustainability in Surgery Conference 6th December 2024

Educational resources

Scrubbing In Podcast (also available on Spotify)
[available here](#)

European Society of Coloproctology Webinar Series – From Basic Skills to Fine Art [available to watch here](#)

Young BJS – articles aimed at trainee surgeons
[available here](#)

EGS Hot Topic

with

Faiza Hashim Soomro, MA EGS Lead

Intraoperative wound irrigation to prevent surgical site infection: A systematic review and meta-analysis. Filardi KF, et al., World Journal of Surgery (2024)

DOI: <https://doi.org/10.1002/wjs.12339>

Question: What are the effects of intraoperative wound irrigation (IOWI) on preventing surgical site infections (SSIs), particularly in abdominal surgeries, and what role do antimicrobial agents (AMA) and antiseptic agents (ASA) play in this context?

Findings: This systematic review and meta-analysis included 19 randomized controlled trials (RCTs) with 4915 patients who underwent abdominal surgery. The study demonstrated that IOWI, particularly when using AMA or ASA, significantly reduced SSIs, especially in patients undergoing emergency surgeries or those with contaminated wound classifications. Subgroup analysis revealed a lower risk of SSIs in these high-risk groups, highlighting the value of IOWI in such cases. Notably, this research focused solely on abdominal surgeries and found that AMA and ASA usage in emergency settings yielded better outcomes compared to elective surgeries. However, concerns around antimicrobial resistance discourage the routine use of AMA. The study also noted limitations due to variability in surgery types, wound classification, and the use of systemic antibiotics, which may have influenced the results. Despite these limitations, the results offer valuable insights into how IOWI can be effectively utilized in abdominal surgeries to reduce SSIs.

My Takehomes: The meta-analysis on intraoperative wound irrigation (IOWI) offers important insights into the role of antimicrobial agents (AMA) and antiseptic agents (ASA) in reducing surgical site

infections (SSIs), particularly in abdominal surgeries. This aligns with ongoing research, like the CHEETAH trial by GlobalSurg, which also investigates strategies for preventing SSIs. The CHEETAH trial focused on changing gloves and instruments before wound closure as a practical intervention for infection prevention. While the two studies highlight different methods—pharmaceutical versus procedural—they share a common goal: improving patient outcomes by preventing SSIs.

The IOWI study emphasizes antimicrobial irrigation as a beneficial tool, especially in emergency surgeries, while acknowledging the broader concerns around antimicrobial resistance. The CHEETAH trial, on the other hand, offers a non-pharmaceutical approach that avoids such concerns, showing promise for global application. Both studies stress the need for tailored interventions based on patient risk and surgical context, reinforcing the idea that multiple strategies can work in synergy to reduce infection rates.

This comparison underlines the importance of both pharmaceutical and non-pharmaceutical approaches in SSI prevention, with each offering valuable benefits depending on the surgical scenario.



Speciality, Associate Specialist and Specialist (SAS) Doctors form a vital part of the medical workforce.

This year #SASWeek24 is being celebrated from 14-18 October 2024 to raise the profile of SAS as rewarding career and much valued part of NHS workforce. At Moynihan Academy and ASGBI, we value the role of SAS surgeons and support SAS as a positive career choice. We recognise that SAS surgeons have variable career aspirations, the majority want to develop within the SAS grade to become specialists (Senior SAS grade), while others may wish to pursue a formal training or portfolio pathway to CCT and specialist registration. All our educational activities, including fellowships, are open to SAS surgeons. Furthermore, we are planning to offer a range of webinars and face-to-face events on a range of topics such as SAS careers, portfolio pathway and exams. We also support SAS surgeons in extended roles contributing to educator capacity, research and leadership.

Fuad Abid, SAS Representative



TeachMeSurgery.com

Find your TeachMeSurgery discount code on the members section of our website, [here](#).

Wellbeing in Surgery with Rute

Dear Moynihan Academy Community,

As the season changes, so too do the demands and dynamics of our careers in surgery. This autumn, our focus is on providing an opportunity to reflect on personal growth, career paths, and how we can balance our professional ambitions with our wellbeing. Alongside the exciting announcement of our upcoming webinar on Conflict Resolution in Surgery.

Recent Wellbeing Insights in the Surgical Community

As part of the ongoing efforts to improve wellbeing in the medical field, several recent articles have shed light on the challenges that surgeons face and the importance of creating a supportive environment. Some key themes include:

Mental Health and Career Longevity: Surgeons, especially those in early or mid-career stages, face mounting pressures related to workload, progression, and work-life balance. The British Medical Journal recently highlighted the correlation between mental health support and long-term career satisfaction. Encouragingly, more institutions are offering mental health resources specifically tailored to the demands of surgical careers.

The Impact of Non-Technical Skills: Non-technical skills such as communication, leadership, and conflict management are increasingly being recognised as crucial for career success. Developing these skills not only enhances patient outcomes but also promotes a healthier work environment, reducing the risk of interpersonal conflicts and emotional exhaustion.

Upcoming Webinar: Conflict Resolution in Surgery

October 18th, 2024 Time: 7:00 PM - 8:00 PM (GMT) [Register here](#)

In line with this focus on non-technical skills, I am excited to remind you about our upcoming webinar on Conflict Resolution in Surgery. High-pressure surgical environments can sometimes give rise to conflict, whether between colleagues or in decision-making. This webinar will provide practical tools and strategies for resolving conflicts effectively, helping to create a more harmonious and productive workplace.

Join the Conversation: #WellbeingWednesday

Don't forget to follow our #WellbeingWednesday posts on social media, where we'll be sharing practical tips for career development, managing stress, and nurturing mental health throughout this Career Month. Your engagement makes all the difference, and we'd love to hear your thoughts and experiences on balancing career and wellbeing.

Let's make this autumn not only a time for career growth but also a season for renewed focus on our collective wellbeing. I look forward to seeing you at our upcoming webinar and continuing the conversation online!

Stay informed, stay engaged, and stay well!

Rute

Med Student Corner



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6 TIPS



TO GETTING THE MOST OUT OF YOUR SURGICAL ROTATIONS

- 1 Revise relevant anatomy
- 2 Know operating theatre etiquette
- 3 Be accustomed with theatre list
- 4 Practice basic surgical skills
- 5 Keep a record of your learning
- 6 Follow the patients after the surgery

Find more details here on our website:
<https://moynihanacademy.org.uk/early-careers/>





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