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THE MOYNIHAN ACADEMY
PURSUIT OF SURGICAL EXCELLENCE

Happy New Year to all our Moynihan Academy members, we wish you all a happy and healthy 2025! This Lunar New Year marks the Year of the Snake, signifying a year for wisdom, transformation and an opportunity to reflect, adapt and improve. At the MA we see this as an opportunity to deliver more engaging and relevant events and educational resources to support your training and career development.

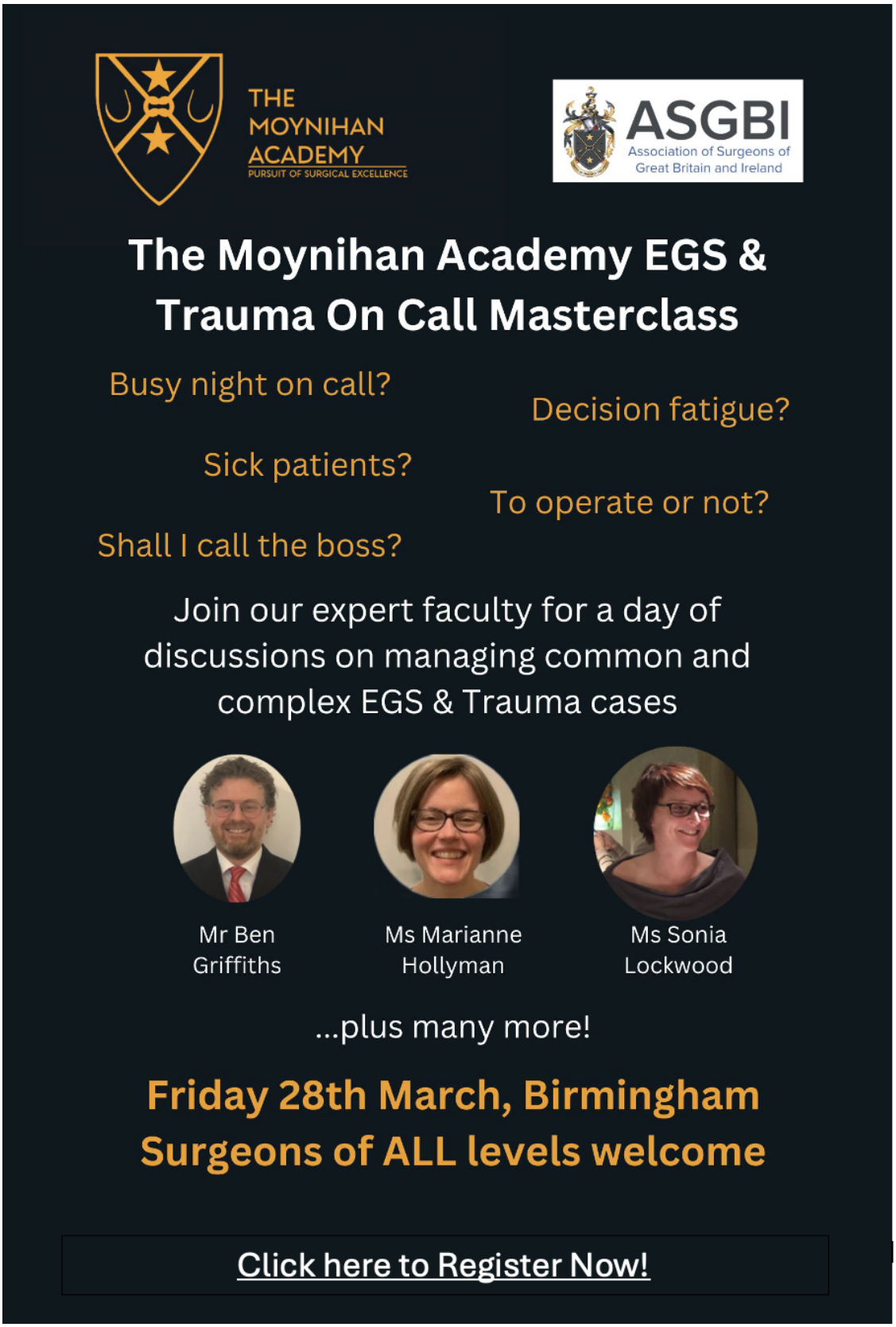
We were delighted to start this year with our Careers Inspiration talks – catch the recordings still on Medall (here) if you missed it. A huge thank you to all the speakers who shared their inspiring journeys and valuable insights. Their enthusiasm and stories sparked a renewed vigour and ambition amongst attendees' keen to explore where a career in surgery can lead.

The New Year also brings our new Medical Student Representative – Penelope Herschel and Social Media Lead – Lily Mills, who bring fresh ideas and perspectives to the team and will be looking to engage with you soon! They will be helping promote and support our numerous upcoming events – including CST Interview Prep webinar, EDI podcasts and most importantly our MA On-call Masterclass on Friday 28th March in Birmingham. Our masterclass is shaping up to be an amazing event packed with practical knowledge as we discuss complex clinical decision making and boost your portfolio and skills with our interactive workshops, so make sure you sign up!

As another busy time approaches, especially for those preparing for specialty interviews, we wish you the best of luck, as you channel the energy of the snake, and transform into our surgeons of the future. We always encourage you to reach out for support via our socials or emails or urge you to engage with your peers in our community WhatsApp groups.

We hope to see you soon!

Kellie



Papers of the Month

Mike Bath, MA Research Lead

Lots of great papers within the world of emergency general surgery and trauma have been published recently (almost too many to mention!) and we've highlighted a couple of our favourites below.

Make sure to cast your eye over some must read guidelines that have also recently been published as well:

- European Society for Vascular Surgery (ESVS) new guidelines for the management of vascular trauma (*https://doi.org/*10.1016/j.ejvs.2024.12.018)
- Western Trauma Association clinical decisionsalgorithm for adult emergency resuscitative thoracotomy (*https://doi.org/10.1097/TA.0000000000004462*)

It doesn't hurt as long as I don't move: Aligning pain assessment in patients with rib fractures with mobilization needed for recovery.Bauman ZM et al., Journal of Trauma and Acute Care Surgery (2024)

DOI: https://doi.org/10.1097/TA.0000000000004446

Question: Is the pain assessment in patient with rib fractures under-representing the pain experienced by patients?

Findings: 102 patients were enrolled, with the average pain score (between 0-10) reported for rib fracture patients at restwas 3, which increased to >5 with all movements.

Take home thoughts: When ward rounding, asking a patient lying in bed how the pain is will unlikely not give you an accurate clinical picture…

Opportunities, challenges and risks of using artificial intelligence for evidence synthesis. Siemens W et al. BMJ Evidence-BasedMedicine (2025)

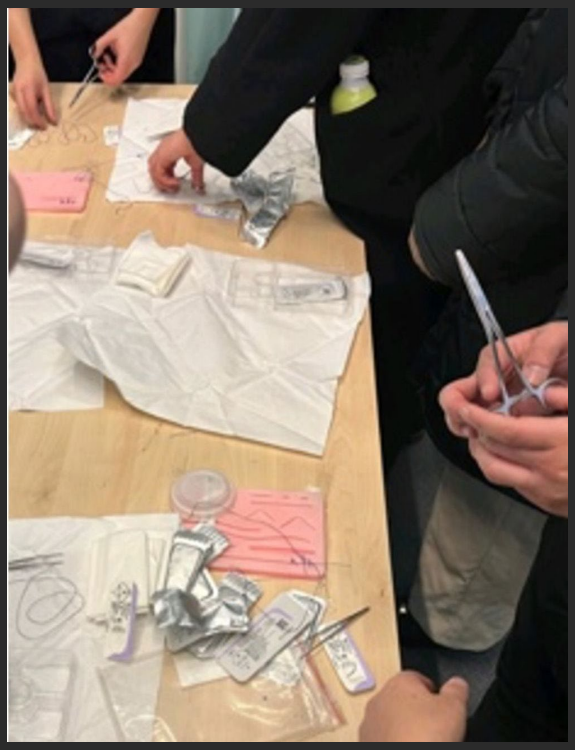
DOI: https://doi.org/10.1136/bmjebm-2024-113320

With AI an ever-growing part of clinical and academic life,this article highlights some of opportunities, challenges, and risks of its use.

Equality, Diversity and Inclusion

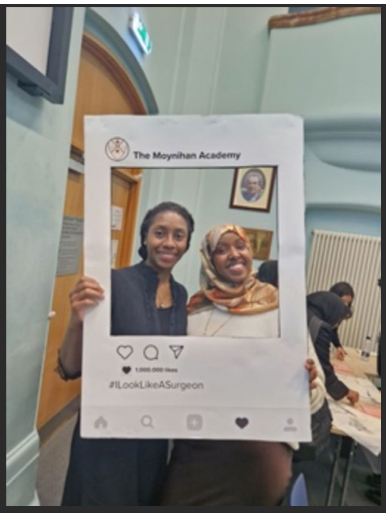
with Marwa Jama, MA EDI Lead

December last year I had the lovely opportunity to be invited to an event hosted by a group of surgeons in Birmingham and the Women in Surgery section of RCSEng. Nearly 100 girls from secondary schools in low-income areas were invited to a morning of talks by an all-female panel. As the Diversity and Inclusion lead, I got to speak on behalf of the MA on training as a surgeon and what the training pathway looks like.



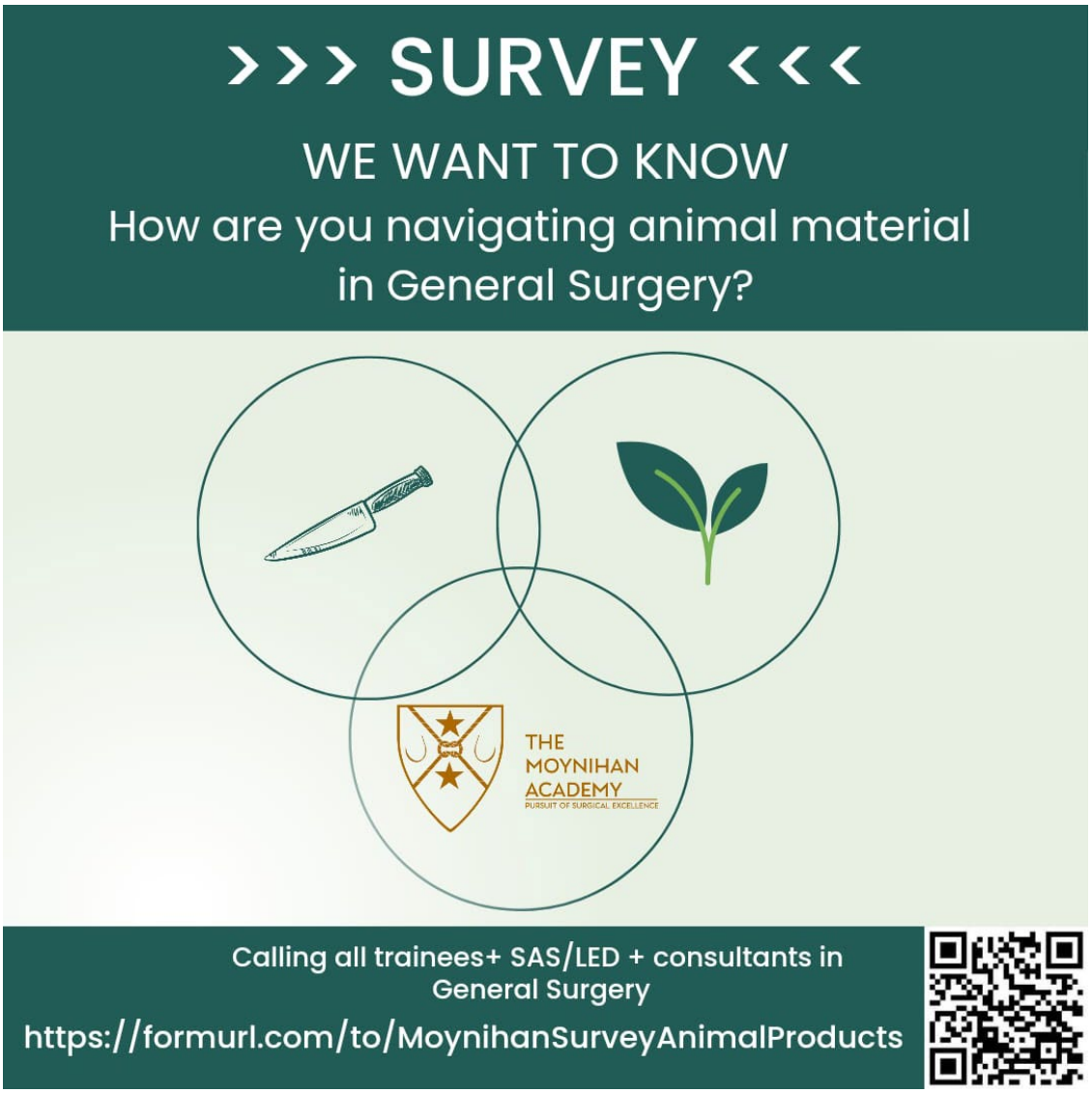
While it was lovely to be given the honour of motivating the next generation and advocating for the specialty it also re-energised me. Throughout the day, I was so impressed by the intelligent questions asked by the students and their views. It also caused me to reflect on how they marvelled at things that have become day-to-day bread and butter for many of us. Many of us might be frustrated by the current pressures and climate we are facing, however a day like this makes you think on how amazing it is that we get to “cut out” illnesses every day.

I am sure many of you have set your good intentions for 2025; you might be reading this from the treadmill or while nibbling on a celery stick! But if you haven’t yet, can I recommend participating in some outreach or mentoring young students/trainees? Answering questions like “what made you do this?” or “what is the best part of your day?” and“how does operating feel?” will make you face your days enthusiastically again!



Wishing you an inspired and fruitful 2025!
Marwa

And don’t forget to check out our Diversity podcasts at https://asgbi.podbean.com/



Latest in Surgical Education

presented by
Garima Govind, MA Education Lead

The MA EGS &Trauma On Call Masterclass
Fri 28th March, Austin Court, Birmingham

Surgeons are faced with a huge range of complexities and decision making, especially when “on call” seeing undifferentiated patients.Join us for our one-day event aimed at surgeons of all levels featuring a hugely experienced faculty as they present interactive case-based discussions in EGS & Trauma including:

- Benign and malignant colorectal emergencies
- Trauma, resuscitation and the role of interventional radiology

- Upper GI and HPB diagnostic pathways
- Complicated appendicitis and management strategies
- Nutrition in EGS
- Plus more!

Alongside the main programme we also have breakout rooms that you can attend including:

- FRCS style viva practice
- Leadership in Surgery
- EGS Research in Practice
- Laparoscopic Skills with Arthrex

Whether you a core trainee new to surgery, preparing to sit the FRCS or a surgical consultant, this day is relevant for you!

Registration is now LIVE (click here)

Trainee MA members £65
Consultant and non-MA members £90

Have you just applied to Core Surgical Training? Are you planning on a career in surgery but not sure about changes to recruitment? Look no further, as we have summarised the 2025 CST recruitment!

https://moynihanacademy.org.uk/early-careers-core-surgical-training/

Wellbeing in Surgery with Rute

Dear Moynihan Academy Community,

Happy New Year! As we welcome 2025, it's the perfect time to reflect on the past year and set intentions for the months

ahead. Surgery is a challenging yet rewarding profession, and maintaining wellbeing is critical to thriving in this demanding field.

In this edition of *Wellbeing with Rute*, I'll highlight recent articles from the UK surgical community that focus on wellbeing, and I'll share practical strategies to help you prioritise your health while continuing to excel professionally.

Recent Wellbeing Insights in the UK Surgical Community

Over the past year, there has been a growing focus on improving the wellbeing of surgical professionals. Here are some key takeaways from recent publications:

- **The Shift Towards Preventative Wellbeing Initiatives**
  A report by the Royal College of Surgeons emphasised the importance of preventative measures to support surgeons' mental health. Initiatives like regular wellbeing check-ins, mentoring schemes, and resilience training are proving effective in reducing burnout and promoting sustainable careers.
- **Workplace Culture and Its Impact on Mental Health**
  Research published in *The British Journal of Surgery* explored the impact of workplace culture on mental health. Toxic behaviours, long hours, and lack of support remain prevalent issues. However, the study also highlighted the positive effects of peer support networks and training in conflict resolution, which are helping to foster healthier environments.
- **Surgeons' Mental Health as a Patient Safety Priority**
  A groundbreaking article from *BMJ Leader* framed surgeons' mental health as a core component of patient safety. It argued that when surgical teams are supported emotionally and mentally, patient outcomes improve. This reinforces the idea that looking after ourselves is not a luxury but a necessity for delivering excellent care.

New Year, New Habits: Practical Tips for 2025

As we step into a new year, here are some practical steps to prioritise your wellbeing:

1. **Reflect on Your Wins**: Take time to celebrate your achievements, both big and small, from the past year. Recognising your successes can boost motivation and positivity.
2. **Set Realistic Goals**: Focus on goals that align with your values, whether personal or professional, and break them into manageable steps.
3. **Prioritise Rest and Recovery**: Protect your downtime and make rest a non-negotiable part of your schedule.
4. **Stay Connected**: Build supportive relationships with colleagues and mentors. Peer support is invaluable in navigating the challenges of surgery.

Join the Conversation: #WellbeingWednesday

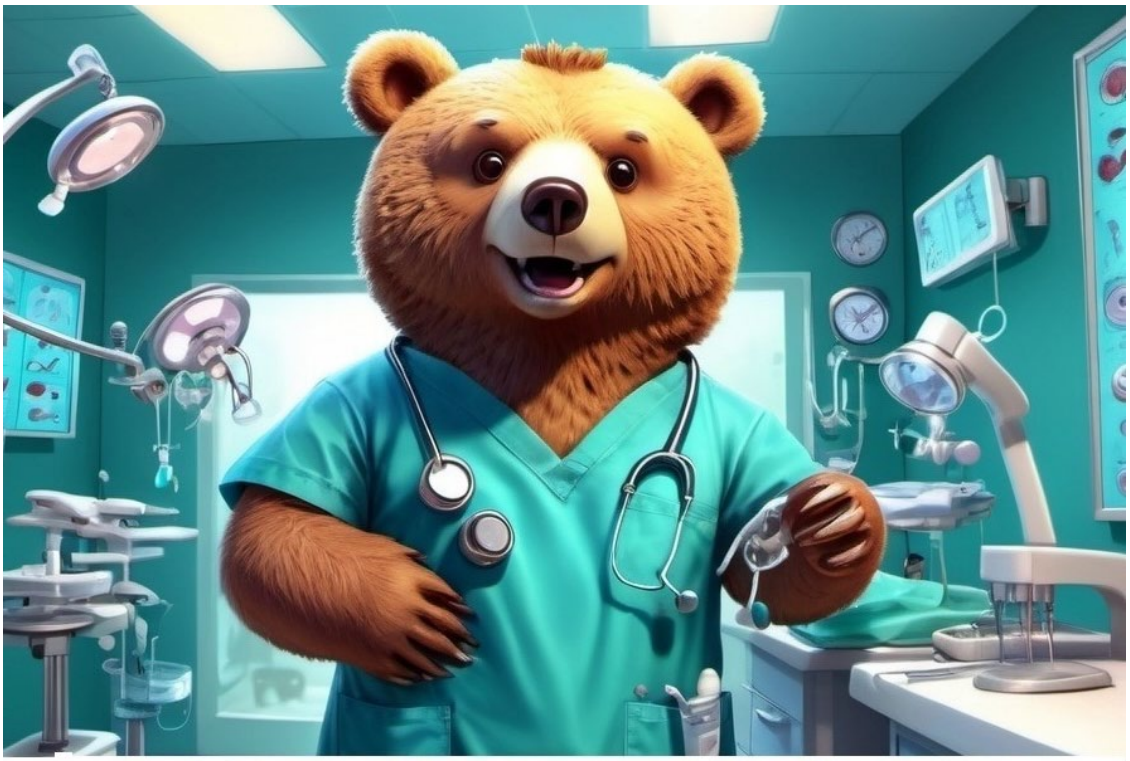
Don't forget to follow our **#WellbeingWednesday** posts on social media! This year, we'll continue to share tips, resources, and inspiring stories that promote wellbeing within the surgical community. We'd love to hear your thoughts and suggestions, so please get involved and share your ideas.

As your Wellbeing Lead, I'm committed to making 2025 a year of growth, support, and positive change for our

community. Together, we can create an environment where everyone can thrive. Here's to a healthy, successful, and fulfilling year ahead!

Stay informed, stay engaged, and stay well!

Rute



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

The Expanding Role of Interventional Radiology in Trauma

Interventional Radiology (IR) is transforming trauma care with minimally invasive techniques for haemorrhage control and organ preservation. While general surgeons have defined roles in trauma teams, the expanding capabilities of IR require a clear understanding of its indications and applications. Trainees must engage with the evidence to maximise IR's potential. Collaboration between surgeons and radiologists ensures patient outcomes are optimised through well-informed decision-making. Below is a brief review of key evidence supporting IR in the trauma setting.

Evidence Supporting IR in Trauma

- **Mortality and Outcomes**
  Froberg et al. (2016) showed angiographic embolisation (AE) significantly reduced 30-day mortality (10%) compared to laparotomy with surgical packing (26%), adjusted for age and ISS. Despite limitations such as small sample size and confounding factors, the study highlights IR's emerging role in trauma care.

- **Applications in Specific Injuries**
  Gould and Vedantham (2011) identified IR's effectiveness across trauma scenarios:
  - *Solid Organ Injuries:* Transarterial embolisation (TAE) is central to nonoperative management (NOM) of spleen, liver, and kidney injuries,balancing organ preservation and haemorrhage control.
  - *Pelvic Fractures:* Early selective embolisation improves survival by achieving rapid haemorrhage control.
  - *Aortic Injuries:* Thoracic Endovascular Aortic Repair (TEVAR) has replaced open repair, offering lower morbidity and mortality.

- **Advancing IR Practices**
  Mathew and Fitzgerald (2022) introduced Damage Control Interventional Radiology (DCIR), which integrates IR into acute resuscitation workflows. By prioritising rapid haemorrhage control and reducing delays to under 30 minutes, DCIR reinforces IR's prominence, with splenic AE now nearly twice as common as splenectomy in some centres.

Applications of IR in Trauma

- **Haemorrhage Control**
  Techniques like TAE and balloon occlusion effectively control bleeding from solid organs, pelvis, and extremities, reducing the need for surgery. These methods are particularly valuable in hard-to-

access areas such as lumbar and gluteal arteries.

- **Vascular Repairs**
  TEVAR is the preferred approach for thoracic aortic injuries, while stent-grafts provide minimally invasive solutions for extremity and large vessel injuries.

- **Nonoperative Management (NOM)**
  IR supports NOM for stable patients with solid organ injuries, avoiding surgical complications and facilitating organ preservation. Advanced imaging, like high-resolution CT, enhances precision and targeted intervention.

Challenges and Future Directions

- **Resource Availability**
  IR integration requires 24/7 access to interventional radiologists, advanced imaging, and hybrid theatres. Achieving rapid response times (<30 minutes)remains a challenge.

- **Operational Integration**
  DCIR depends on multidisciplinary teamwork, with hybrid theatres enabling concurrent IR and surgical interventions for optimal outcomes.

- **Long-Term Outcomes**
  Further research is needed to evaluate long-term outcomes and complications,such as tissue necrosis or infection, following stent-grafts and embolisation.

Key Takeaways for Trainees

- **Understand the Scope of IR**: Learn the indications, techniques, and limitations of AE, TAE, and TEVAR.

- **Advocate for Institutional Improvements:** Support hybrid theatres and streamlined protocols to minimise delays in IR access.

- **Collaborate Effectively:** Develop partnerships with radiologists and anaesthetists to enhance trauma care. Helping to establish or refine local IR guidelines can be a valuable step.

Conclusion

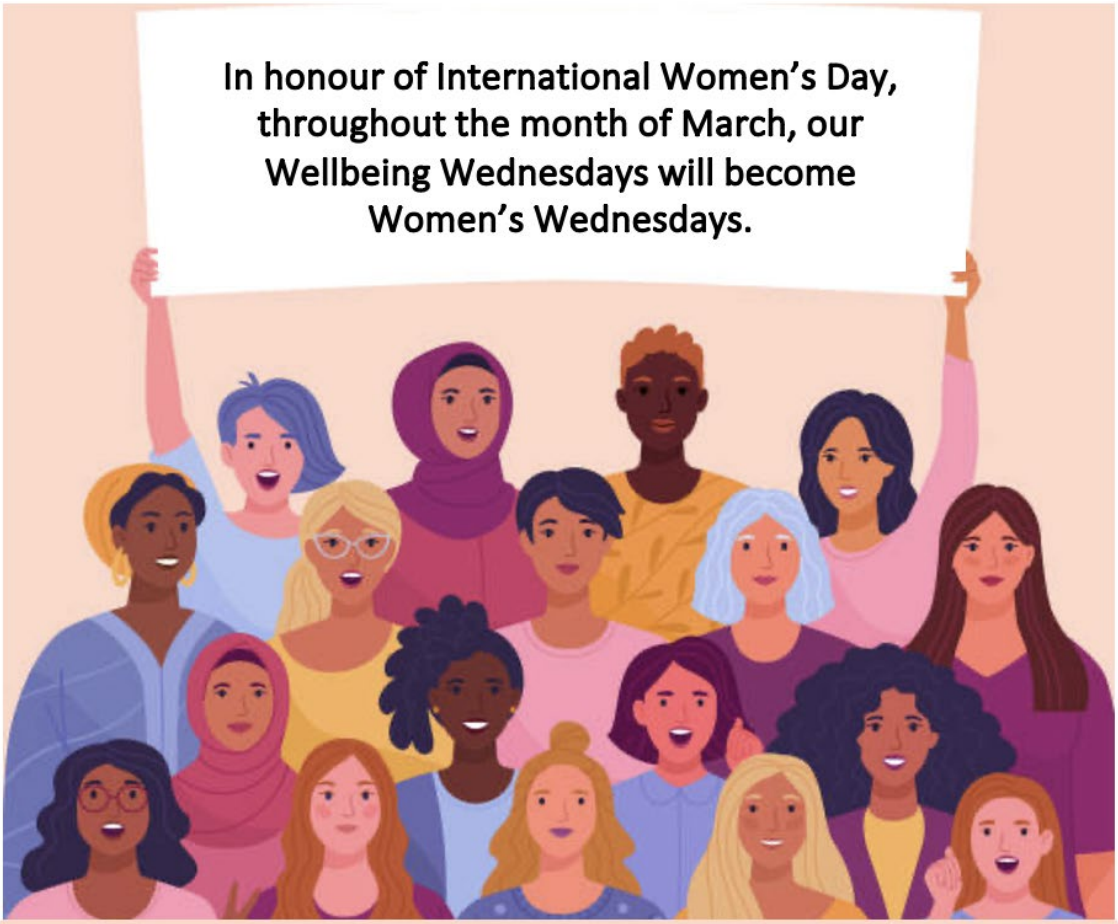
Interventional Radiology is reshaping trauma management by providing minimally invasive, life-saving solutions that complement traditional surgical approaches. Recent guidance from the Royal College of Radiologists' Clinical Radiology: Major Adult Trauma Radiology Guidance (June 2024) sets clear benchmarks:

1. **Rapid Treatment Initiation:** IR teams should begin treatment within 30 minutes of referral.
2. **Optimised Facility Layout:** IR facilities should be co-located with emergency departments, or transfers must follow rehearsed protocols to minimise delays.

As trauma management evolves, further guidelines will refine protocols and improve accessibility to IR services. Staying informed about these developments is crucial for trainees to ensure their practice aligns with the latest standards. By embracing IR's advancements and fostering collaboration, surgeons can continue to deliver the best outcomes for trauma patients.

Best Regards,

Matthew McKenna
Trauma Lead Moynihan Academy



Webinars every Wednesday evening will be dedicated to care for our female patients and surgeons. FRCS Fridays will also be dedicated to Female health. Topics will include EGS in pregnancy, gynaecological emergencies for the General Surgeon, infertility, ergonomics and wellbeing of female surgeons.

Watch this space and follow us on our socials to keep up to date!

Med Student Corner

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For this edition we thought we'd discuss approaching research as a medical student. Navigating research as a medical student can often be challenging and confusing, especially when there are so many different avenues to explore. With this in mind, we wanted to share with you our 5 top tips that we found the most useful when embarking on early-career research in medicine.

1. **Choose the right project and supervisor**

Identify areas of medicine that excite you and align them with research opportunities. Set your goals early (e.g.,poster presentation or publication) and communicate what you're hoping to get out of the project early on with your supervisor.

2. **Start small and build your research skills**

Rome was not built in a day! Start with simpler and smaller projects and focus on building transferable skills as you do so. Over time, taking larger roles will become possible, as you find what your main interests are.

3. **Don't spread yourself too thin**

Focus on a smaller number of projects at any given time and see them through before agreeing to take on more. Don't fall into the trap of accepting every project that comes your way without considering how much time you realistically can offer towards it. Be a finisher and deliver what you have agreed to, and people will trust you with more as time goes on.

4. **Meet regularly with team members to discuss progress**

Research is a collaborative process and working in teams is one of the core skills you need to develop. Communicate with your team and use their expertise when you encounter challenges.

5. **Be patient, resilient, and ready to learn from failure**

Research can be a slow and iterative process, often involving setbacks. Embrace failures as opportunities to learn,and view challenges as part of the journey. There is something to learn from every project, even those which do not result in publications or presentations.

Good luck out there!

Sai and Michal

Foundation Representatives for Moynihan Academy

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Our mailing address is: info@moynihanacademy.org.uk