

Sheffield Students' Surgical Society



NEWSLETTER

May 2009

Dear Members

You may have heard that we have a new committee. We have expanded the committee to enable us to organise a greater diversity of events for our members. This year we are hoping to bring you even more events and activities, which we will keep you up to date with via our newsletters and website.

Our first even as new committee was the Maxillofacial talk given by Mr Austin Smith.

Mr Austin Smith

Consultant Maxillofacial surgeon

Mr Smith drew in his audience with his usual energetic good nature. He gave a passionate talk about his life as a maxillofacial surgeon, only one of four in Sheffield. He gave us insight into his experiences of surgical training, showed us some gory pictures, but amazed us with his fantastic capabilities evident in the "after" pictures. Furthermore Mr Austin also discussed the key procedures that form the majority of the workload in his specialty. Subsequently he went on to talk about the current and potential future training pathways for a prospective maxillofacial career.

We, at Sheffield Surgical society, thank Mr Austin immensely for this awe-inspiring insight into his experiences as a maxillofacial career.

Lina Fazlanie; President

My name is Lina and I am phase 3a, having just finished a Medics.



Hopefully, having been on the committee for 3 years, I aim to use all my experience to try and improve the surgical society in everyway I can, with the help of the fabulous new committee members. I hope to be able to please the majority, if not all of the society members. I am really approachable and hope many of you feel welcome to approach me if you have any concerns or ideas which you would like us to deal with. This society, or any other society is never perfect, however, we can strive to make it as best as possible so please feel free to voice any concerns. Better still, make the most of our events and hopefully we will be able to organise regular events with a wide variety of activities.

I look forward to meeting many of you at our events, and hope to be able to do my role justice!!!



Suturing Classes Starting Again Soon ...

Suturing classes give students the opportunity to learn or practice basic suturing techniques using surgical equipment and prosthetic skin. This is an important skill for surgeons and doctors working in Emergency departments. You may get the opportunity to try suturing on placement during Medical School; practising in advance will improve your confidence so you can get the most out of these opportunities.



The classes are normally led by junior surgical trainees and are held in the Medical School.

Students in all phases are welcome to sign up.

Look out for more information on dates of classes or email in for more details.

For those of you wanting to do the advanced class, we haven't forgotten about you! A surgical trainee has agreed to help us with this and will hopefully continue next year. We will email you shortly with more details.

Final Year Radiology Sessions (By Lina Fazlanie-President of Surgsoc)

These have been taking place weekly for the sometime now. This is thanks to Radiology Registrars, Dr Ian Bickle and Dr Mark Radon. As part of the session, we have been charging entrance fees, and donating all collections to various charities including Comic Relief- Red Nose Day, Sheffield Rape and Sexual Abuse counseling service, Rush to Walk and Race for Life. Thanks to our attendees, we have managed to raise over £200.

The sessions have been fantastic in allowing students to practice their X-Ray presenting skills for the final year OSCE and we have faith they will pass. We aim to hopefully organize some of these sessions for some of the lower years as taster sessions.

A few quotes from our attendees:

"Really really useful teaching in improving our presentation skills and in the interpretation of X-Rays. I would recommend people to attend as it's otherwise not easy to get focused radiology teaching." S. S. Aggrawal (Final year student)

"It is such a pleasure to be taught by someone who genuinely has a passion for teaching. The radiology sessions run by Dr. Ian Bickle were a fantastic supplement to my finals revision. Careful analysis of Xrays allowed all students present to really appreciate why films appear as they do. The biggest plus of all was that Dr. Bickle succeeded in making radiology fun!! The sessions have prepared me not only for my exams this summer, but for the rest of my career. I recommend to all students!" L. Jawad (Final year medical student)

"These sessions have been great; not only in terms of learning how to interpret films but also for building confidence in presenting radiographs in a professional and succinct manner. I feel better prepared for the exams and F1 as a result. Thank you!" N.Hardman (Final year medical student)

A collage of charity logos and posters. It includes Red Nose Day 09, Do Something Funny for Money 13 March 2009, Cancer Research UK Race for Life, Sheffield Rape & Sexual Abuse Counselling Service (SRASACS) Registered Charity No. 509382, Merlin medical relief, lasting health care, and a poster for Rush to Walk 10km or 10miles Charity Walk on Sunday 10th May 10am.

So you want to be a Urological Surgeon?

Name: **ALTAF MANGERA**

Job Title: ST2 in Urology

Graduated from Sheffield Medical School July 2005

MChB (HONS)

MRCS(Eng)

Altaf always knew he wanted to pursue the surgery route, long before graduating. The application of surgery was always appealing to Altaf, since the early days of medical school he began to develop effective building blocks, firstly to fulfil his interest and then strengthen his application. He was an active committee member of our surgical society during his time as a student. Altaf explains "I have always enjoyed anatomy, and chose to teach anatomy to Phase 1 students, as a SSC option. I also have undertaken a placement in hepatobiliary surgery as well as a breast oncology research option."

Here, Altaf kindly answers my questions...

What made you go into urology?

"The practical aspect of urology is what interested me most. Urology is a challenge; it requires having complex manual dexterity skills and allows continual learning. With surgery, and especially urology you get to see instant results. For example, patients presenting with urinary retention who are in a great deal of discomfort, is a common complaint we see. By performing a simple operation, TURP, we see effective results often immediately. Within urology there is also the scope for management of chronic conditions. We see new diagnosis of prostate carcinoma, attend MDT's, monitor disease activity and draw up long term treatment plans. The range of activity is what drew me to urology. Urology involves everything surgical and some medical conditions too. Within the operative aspect there are laparoscopic techniques, major open, minor open, endoscopic and in the near future robotic surgery will be expanding. There are exciting times ahead. There is also potential to sub-specialise and capacity for clinical research in urology too. The only negative I can think of is the lack of emergency operations in urology, this is not necessarily a bad thing, and it's just that as a young surgeon "on-call" one hopes to be operating, but this isn't so."

Tell me about the training process.

After spending F1 and F2, you apply for Specialist training years 1 and 2. Most deaneries offer a 2 year contract, and you need to fulfil all competencies to progress further. If these basic surgical competencies are incomplete, you may need to repeat ST1 /2. Prior to commencement of ST3 one is required to pass the complete MRCS exam. Then, you apply for a ST3 number, which is very competitive. You need to be competent enough to do registrar duties at this stage. You need to be competent in basic surgical skills, care of the critically ill surgical patient and advanced trauma life support. However training has taken somewhat of a knock primarily due to MMC and the EWTD. Trainees are receiving less experience on the theatre floor, as consultants and theatre lists are busier. Supervised consultant training times are drastically decreasing. And whilst these trainees are on call, they are "service providers"; clerking patients, chasing bloods etc, we're not gaining theatre experience as such. Also if you are in hospital outside of your 48 hours working week, you are not insured and thus you are not legally allowed to be there and therefore cannot partake in any extra learning sessions you voluntarily attend. So the picture is this. You, as the surgical trainee, are spending less time in hospital and less of it is training! Juniors with less and less training and continual learning even as a consultant, maybe create the position of a sub-consultant grade where you are still learning to perform more complex procedures with a senior consultant.

Thankfully though, in my past 2-3 years as a surgical trainee, I have helped perform approximately 600 procedures. During my training posts in Leicester, Northampton and Sheffield, I have spent time in breast oncological surgery, urology, colorectal surgery, A&E, vascular surgery, general surgery, orthopaedics and plastics too. It is imperative that a surgical trainee builds their portfolio of surgical procedures right from the initial stages of their career. Experience and exposure is what matters when applying for future jobs! Once into ST3 number, you build up to a ST8 post and then can apply for a consultant post, after successful completion of your fellowship exam and obtaining your certificate of completion of training (CCT).

Describe a typical week in your job?

Generally there are two types of working week. There's a general surgical rota and an elective week. On the general surgical week, the shifts are between 8 and 12 hours daily. You are on call and are covering the entire surgical take in the hospital. If there are any acute surgical emergencies, it is my responsibility to recognise this clinical state and act accordingly to manage the patient well until the morning. I also review the house officer clerking and initiate the plan of management. The registrar's are non-resident, therefore, I, the SHO grade, am the most senior surgeon on site at night. I need to prioritise cases and actively manage them. In the elective week, my hours are 8am to 6pm. I try to attend 2 clinics a week, a daily ward round, MDT meetings, approximately six theatre lists, audit work, supporting the house officers on the ward and additional paperwork such as dictating letters.

How do you keep up to date, build your learning and learn about new research data?

Primarily it is on the job training, where under direct supervision you perform procedures. There are also interdepartmental facilities. I have passed my MRCS, and so attend higher registrar surgical training once a month; prior to this I would attend the basic surgical teaching from the deanery. I also attend F1 case presentations, MDT meetings, grand rounds, academic ward rounds and surgical conferences.

What advice can you give for budding urological surgeons?

- Organise placements with influential urologists
- Do research projects or an audit in urology/surgery
- Aim for a journal publication; for example, submit a case report with the help of a registrar or SHO in urology. It looks good on your CV.
- When you are applying for f2 posts, make sure you give yourself some surgical exposure if exposure to surgical jobs is limited aim to have your surgical job early on in
- F2 as opposed to F1
- Finally and most importantly pass your exams, do well and enjoy life!

We would like this opportunity to thank Altaf for talking to us, and wish him all the best in his future career.

Interview done by Sythra Razaq, New and Views Editor.



Coming soon...

EAR NOSE AND THROAT SURGERY!

With Mr Qureshi, Doncaster and Bassettlaw Hospitals.

WATCH THIS SPACE!

More details to follow



We will keep you updated with any further news or amendments by email.

**See you all at the next event
Surgical Society**

SHEFFIELD STUDENTS' SURGICAL SOCIETY

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