

FROM THE

# CHEST

SCTS

Issue 1





## WELCOME



As we draw the curtains down on 2023 and move into 2024, we reflect on what has been an eventful year. We have done various things, progressive achievements in lot of fronts but we lost a few good friends in the journey as well. We dedicate the cover to Marian Ionescu, a pioneer cardiac surgeon and a great benefactor and friend of the SCTS who passed away in October. His impact and contribution to the specialty and SCTS is reflected in all the heart-warming messages in the tribute board. The Escapist club in this issue features Shilajit Ghosh, Consultant Thoracic Surgeon in the Royal Stoke Hospital who shares his experience from the operating theatre to performing in various stages, including the Edinburgh Fringe Festival. He highlights the importance of delivering under pressure in front of an audience in the operating room, or in a big theatre.

I'm delighted to welcome. Maria Comanici, clinical fellow in Harefield Hospital who is now taken the lead on collating the Unit heritage section. The British cardiothoracic centres have a great surgical heritage over the years, and it is for us to chronicle them for the next generation.

Maria Comanici & Sunil Bhudia have showcased the surgical heritage of the Harefield Hospital. Mrs. Xi Liu (Winnie), Thoracic ACP Southampton NHS Trust, NAHP Star shares her career journey, challenges and success as well as offers sound advice to aspirants into the role of ACP who now are integral members of the extended surgical team. The future of specialty and our healthcare is in the hands of the next generation, and who better to showcase than the committee members of the INSINC, the students committee. Professor Farah Bhatti and Heen Shamaz introduce the members of the committee.

This year has seen unprecedented turmoil around the world with various wars. The impact it has on humanity and healthcare is heart-breaking. We have an international student member from Sudan Essam Banaga applauding the Sudanese cardiothoracic surgeons for delivering in very challenging circumstances, and has penned a poem to celebrate their hard work. We all dedicate a lot of our working lives to our profession and in the process miss out on some personal moments. Our President-elect Aman Coonar gives his take on maintaining work and life balance. As always we welcome articles of surgeons' lives, passions, artwork, photographs and unit heritage. Please tell us if you would like to have anything more in our issues forthcoming issues of From the Chest. We aim to bring out four issues for each season next year. However, if the articles keep coming we may increase the frequency to 6 issues in a year.

A big thank you to Rohith Govindraj for adding Jazz to the FtC with his artistic and formatting skills.

I wish you all a prosperous New Year.

SRIDHAR RATHINAM

SCTS COMMUNICATION SECRETARY





## THEATRE TO THEATRE: SHILAJIT GHOSH



.In 2015, while being interviewed by BBC Midlands radio about an upcoming show of mine, I casually mentioned that the elixir of my life is the two theatres, operating and stage (didn't mention cricket though!). The reaction of the interviewer to that statement was interesting, to say the least. Almost immediately after turning the microphones off, she got me down to explain that statement in detail in the presence of her producer, while I was still sat in the studio. Within half an hour of that conversation, I was having another very exciting conversation, over the telephone, with a BBC television producer, who wanted to make a programme titled, yes, you guessed it right, 'Theatre to Theatre'!

The essence of the programme was how people, in the first episode, a surgeon, lest steam off and relax by indulging in another vocation. The world of showbiz moves at a frightening pace!! The reason for referring to operating rooms as 'theatre' is steeped in fascinating history. As they say, without history, there is no meaningful tomorrow, so let's just delve a bit in the past. The study of human anatomy flourished in the 16th and 17th centuries, in part prompted by Italian artists such as Michelangelo and Leonardo da Vinci. Later, under the influence of Andreas Vesalius, dissections, using the bodies of executed criminals, began to be held in public. Ticketholders could watch doctors performing autopsies by candlelight and often with accompanying live music! By the 18th century, live dissections had become an important part of medical training. As the popularity of these performances boomed, medical students had to compete amongst rowdy crowds to get a good seat, so closed sessions were held in private anatomy schools for medical students only. By the early 19th century, surgery on live patients, such as amputations, also began taking place in front of a live audience. The design of the hospital operating theatre was indeed theatrical and the audience view was considered.

As surgical theatre burgeoned, the influence of the stage began to infiltrate the medical world. The operating theatre of Jefferson Medical College in Philadelphia was known as the 'pit', like the area in which orchestral musicians performed. Surgical theatre made showmen out of surgeons like Scotsman Robert Liston. He was celebrated for his speedy amputations and was reputed to have operated with 'a knife clutched between his teeth'. It was indeed a spectacle, a mesmerising performance by the surgeon to behold with awe! This is exactly what an actor does on stage, capturing the imagination of a multitude of people, with an exhilarating performance.

The connection is irrefutable. The only reason I chose to be a surgeon was the surge of adrenaline I felt (still do!) streaming through every sinew of my body each and every time I entered an operating theatre, right from my days as a medical student.



## THEATRE TO THEATRE: SHILAJIT GHOSH (CONTINUED)

I watched every move the surgeon made, the hand positions, body gestures, the delivery of the instructions. It was absolutely spellbinding, the feeling of empowerment to be able to affect the lives of people in such a positive manner. I experienced the same excitement when I went to watch drama on stage. I would observe everything with just as much detail, the lights, costumes, actors, all conjuring up a cocktail of heady entertainment, giving people joy and happiness. It is intoxicating to say the least.

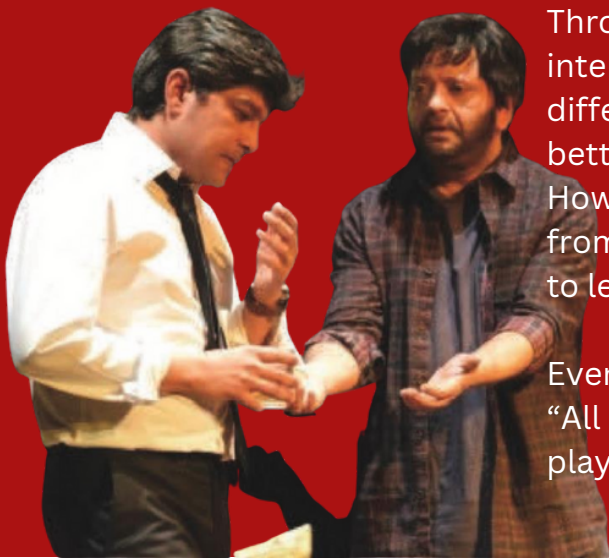
What I find most intriguing is, despite being such dissimilar vocations, how similar they are. The uncertainty of what might happen, the challenge of being in control for that entire period of time, the complexity of thinking on your feet when things go wrong, all these are so interchangeable. The planning that is required, either for a surgery or a role to be enacted, the team working and even the constant moaning about the light not being exact, is all frighteningly similar!! To be able to hold down either of these vocations, certainly to excel in them, one needs abundance of resilience, hard work, focus, thick skin, ability to keep going despite failures and last but not the least, the passion.



When I have a great week of operating, I am raring to go on stage and just kill it. When I had a long day, especially one that didn't follow the 'script', I draw strength and find solace from my next drama project, the next script, the next role whose lines I need to learn. I tell myself, it is just one performance that did not go well, but there are still many left for the ovation and there you go, I am rejuvenated and ready for the next challenge in the NHS! Performance on stage also keeps me grounded, when I receive a negative review of one of my performances from the same people who drown me in adulation for another one.

Through my various heists with drama, I have met so many interesting people who have enabled me to look at life from different perspectives, which has helped me become a better doctor, more importantly, a better human being. However, the most important thing that I have mastered from all my 'theatre to theatre' experiences is never to let go of an opportunity to have a blast!

Even the Bard of Avon wrote  
 "All the world's a stage, and all the men and women merely players....."





## UNVEILING THE HERITAGE: CHRONICLES OF CARDIOTHORACIC SURGERY CENTRES IN THE UK

—MARIA COMANICI

As the field of cardiothoracic surgery advances with each passing day, it is essential to pay homage to the rich history and legacy that has shaped the landscape of this specialized medical discipline. In this vein, we are excited to introduce a new section to our journal, one that delves into the heritage of cardiothoracic surgery centres in the United Kingdom. This section aims to unearth the stories, accomplishments, and transformative journeys of these centres, shedding light on the remarkable evolution of cardiothoracic surgery in the UK. Through this section, we invite you, our esteemed readers, to embark on a journey of exploration, remembrance, and contribution as we celebrate the legacy of these centres and the remarkable surgeons who have shaped our field.

Cardiothoracic surgery has evolved from its nascent stages to a sophisticated and life-saving field. The UK has been a nucleus of pioneering innovations, renowned surgeons, and exceptional institutions that have contributed significantly to the global advancement of cardiothoracic surgery. By exploring the heritage of these centres, we not only honour their contributions but also glean insights that can inspire current and future generations of surgeons.

Behind every successful cardiothoracic surgery centre are visionary surgeons whose dedication and innovation have shaped the landscape of medical care. We will pay tribute to these remarkable individuals who dared to push boundaries and chart new territories in surgical techniques, organ transplantation, and patient care. By learning about their challenges, triumphs, and contributions, we can gain a deeper understanding of the roots from which modern cardiothoracic surgery has grown.

The heritage of cardiothoracic surgery centres in the UK has had a profound impact on the global medical community. As we explore their legacies, we will uncover the ways in which their advancements and breakthroughs have rippled beyond national borders, influencing medical practices, and improving patient outcomes worldwide.

By delving into the heritage of cardiothoracic surgery centres in the UK, we aim to inspire current and future generations of surgeons, researchers, and medical professionals. The stories of these institutions serve as a reminder of the power of determination, innovation and collaboration in driving the field of cardiothoracic surgery forward. By exploring the heritage of cardiothoracic surgery centres in the UK, we hope to not only celebrate the past but also inspire innovation and excellence in the future. The stories of these institutions and the individuals who shaped them serve as a guiding light, reminding us of the transformative power of dedication, collaboration, and visionary thinking. With the introduction of this new section, we embark on a captivating journey to honour and explore the heritage of cardiothoracic surgery centres in the UK. We encourage all our reader to engage, contribute, and be part of this meaningful endeavour. Together, we will uncover the hidden gems of our discipline's history, celebrate the trailblazers who carved the path, and forge ahead into a future marked by progress, compassion, and unwavering dedication to the art and science of cardiothoracic surgery.







## HAREFIELD HOSPITAL: A BEACON OF CARDIOTHORACIC SURGERY EXCELLENCE

—MARIA COMANICI & SUNIL BHUDIA

In the annals of medical history, certain institutions shine as beacons of excellence, illuminating the path to progress. Harefield Hospital, nestled amidst the serene landscapes of Harefield Village in London, stands as a true embodiment of this beacon. The transformation of Harefield Hospital from its humble beginnings as a tuberculosis sanatorium to a distinguished cardiothoracic surgery center is a captivating story that echoes the spirit of innovation, perseverance, and medical evolution. In this edition of the heritage section, we uncover the journey that propelled Harefield Hospital to its present status as a guiding light in the realm of cardiothoracic surgery.

### The Beginnings: The War Hospital

Harefield Hospital's origin story is intertwined with the beginning of World War I. In 1915, the Billyard-Leakes family, proprietors of the land, lent their estate to serve as a temporary convalescent center for injured Australians and New Zealanders. These wooden shacks, intended as a stopgap solution, evolved into the Australian Hospital, which treated over 50,000 servicemen. Notably, King George V and Queen Mary's visit in 1915 marked a royal endorsement of the hospital's mission.

### Transcending War: The Sanatorium for Tuberculosis

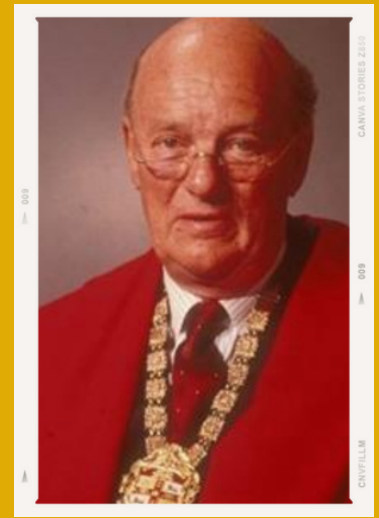
As the echoes of war subsided, Harefield Hospital transitioned into a sanatorium for tuberculosis treatment. Situated atop one of the highest points in Middlesex, the hospital harnessed fresh air and sunlight for the open-air method of tuberculosis treatment. With tuberculosis claiming thousands of lives annually, Harefield Sanatorium swiftly gained renown for its progressive treatment methods. Gradually, as medical knowledge advanced and the prevalence of tuberculosis declined, the hospital underwent a significant shift in its mission.





## From General to Specialist: A Journey of Expertise

Harefield Hospital's metamorphosis continued into the mid-20th century. After the introduction of tuberculosis drugs, the hospital transitioned into general hospital and then honed its expertise in chest diseases and cardiac surgery. Sir Thomas Holmes Sellors, the first thoracic surgeon at Harefield, performed groundbreaking surgeries, including the world's first direct pulmonary valvotomy in 1947. In the latter part of his illustrious career, Sir Thomas Holmes Sellors established three open heart surgery units, including one at Harefield. His dedication to confronting congenital cardiovascular anomalies marked a significant stride in the field of cardiac surgery. Sellors' contributions laid the foundation for the advancements that continue to define open-heart surgical practices. The hospital's expertise transitioned from general medicine to specialization in chest diseases and cardiac surgery.

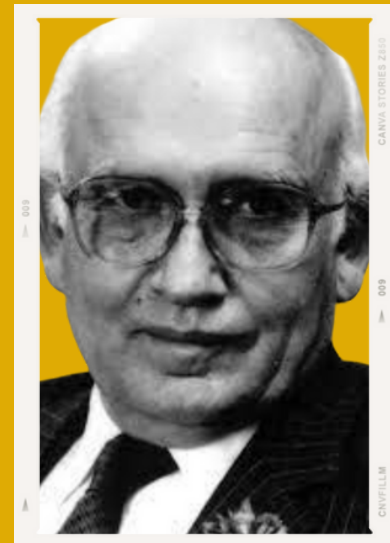


## Transition to Cardiothoracic Excellence

The transformation of Harefield Hospital into a renowned cardiothoracic surgery center began in the 1960s. Dr. Donald Ross, a pioneering cardiac surgeon, played a pivotal role in this transition.

Dr. Ross introduced innovative surgical techniques and procedures, including the Ross Procedure, which involves replacing a diseased aortic valve with the patient's own pulmonary valve. His contributions laid the foundation for Harefield Hospital's expertise in cardiac surgery. Under Sir Donald Ross's leadership, Harefield Hospital gained international acclaim for its advancements in cardiac surgery. The Ross Procedure, in particular, became a globally recognized technique, contributing to Harefield's reputation as a leading institution for innovative and complex cardiac procedures. Ross's commitment to advancing cardiac care extended to the use of human heart valves in transplantation. His team at Harefield became pioneers in utilizing human heart valves, further solidifying the hospital's position at the forefront of cardiothoracic surgery.

In 1973, Harefield Hospital, under Ross's direction, initiated a heart and lung transplant program, marking a significant milestone in the hospital's history. This program underscored Ross's commitment to pushing the boundaries of what was medically possible and offering life-saving options to patients with end-stage heart and lung conditions. Sir Donald Ross's influence at Harefield Hospital extended beyond surgical innovation. His dedication to training the next generation of surgeons and fostering a culture of continuous learning has left an enduring legacy. Many of the medical professionals trained under Ross have gone on to make significant contributions to the field of cardiothoracic surgery.





The pinnacle of Harefield's transformation was heralded by the arrival of Professor Sir Magdi Yacoub and his pioneering team. Yacoub's innovative procedures, including the use of human heart valves, propelled the hospital into international limelight. The hospital's heart and lung transplant program, which began in 1973, solidified its status as a global centre of excellence.

Under Yacoub's leadership, Harefield Hospital gained international acclaim. Harefield Hospital

etched its name in medical history by performing Europe's first heart-lung transplant in 1983. The institution's foray into the "Domino Procedure," where a heart and lungs were transplanted together, showcased its unwavering commitment to innovation and lifesaving techniques.

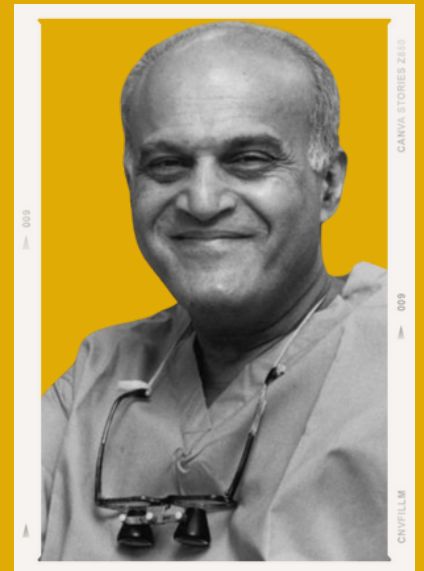
Even after stepping back from active surgical practice, Yacoub's impact endures. His research

initiatives, commitment to humanitarian efforts, and ongoing advocacy for advancements in cardiac care continue to influence the trajectory of cardiothoracic surgery.

Harefield Hospital's impact extends beyond its physical borders. The institution's commitment to medical education and training has resulted in the training of countless medical professionals who have gone on to establish their own successful careers worldwide.

### A Beacon of Medical Excellence

Harefield Hospital's journey from a war hospital to a world-renowned centre for cardiothoracic surgery is a testament to the power of dedication, innovation, and continuous learning. From its origins, the hospital has transformed into a beacon of excellence in the field of cardiothoracic surgery. Its pioneering surgeons, commitment to research, technological advancements and patient-centred approach have collectively shaped its remarkable journey. As Harefield Hospital continues to push boundaries, it remains a shining example of how medical institutions can make a lasting impact on patient lives and the broader field of medicine. As we reflect on Harefield Hospital's journey, we are reminded of the importance of preserving the heritage of medical institutions that have played a pivotal role in shaping the landscape of cardiothoracic surgery. Their stories not only inspire the present but also lay the groundwork for future generations of medical professionals who will continue to push the boundaries of excellence in patient care, research, and innovation.





## SCTS NAHP INSPIRATIONAL STAR OF THE YEAR: SUMMER 2023

MRS. XI LIU, THORACIC ACP SOUTHAMPTON NHS TRUST

Nominated by: Mr. Abdul Badran, SCTS NTN Representative.

Interviewed by Prof Bhuvana Krishnamurthy

1. Mr. Abdul Badran, tell us a bit more about yourself and why did you nominate Mrs. Xi Liu for this Inspirational Star interview?

I just wanted to highlight a few things about my esteemed colleague Winnie. I am the immediate past chair of the SCTS trainee committee and current senior fellow in cardiothoracic surgery. I have worked in Southampton for 8 years and have known Winnie for most of this period. During my time, I have seen some excellent work done by my surgical and nursing colleagues but, one person stands out to mind. Xiao Liu has been truly exceptional in her work ethic and professionalism. She is always motivated and gives her all looking after our patients. She has taken on multiple leadership and really thinks outside the box when it comes to developing care pathways and patient support in thoracic surgery. She is a great role model and always has valuable perspectives on professional and clinical issues.

2. Mrs. Xi Liu (Winnie), tell us a bit about yourself.

I had always been one of the top academic students throughout my school years. My dream as a child was to become a lawyer or journalist. Unfortunately, my childhood dream never became a reality due to losing my parents in 1979 and 1981 (as aged 12 and 13) due to a lack of money to pay for university. I had to leave school at age 16 in order to find a job to survive.

I was qualified in China in 1986 (diploma in nursing, it was free). I started as a staff nurse in 1986, worked my way up to be a sister, ward manager and Nurse Matron in 1997. I remember that on the first day of my nursing career, the leader of the hospital where I worked welcomed us. In his welcome speech, he said: you are all starting your nursing career today, I am sure in 5 years' time, you will work at different levels. Some of you may become sisters, some of you may get higher degrees and some of you may change your career. I told myself at the time that I would be the person to achieve the higher level.

Four years later, I became a ward deputy sister. I was the 1st person to become a ward sister my cohort of 36 nurses who went to complete a degree qualification. I came to UK in 2001, and started as a staff nurse in elderly care, Respiratory High Dependency Unit (RH DU) and Cardiac Intensive care Unit before I became an ANP in Thoracic surgery in 2013. The highlight of my life over the last 20 years is that I started my nursing career in Southampton in August 2003. It commenced another chapter of my life. Best moments of my life were meeting my partner and had our son in 2007.



## SCTS NAHP INSPIRATIONAL STAR OF THE YEAR: SUMMER 2023

MRS. XI LIU, THORACIC ACP SOUTHAMPTON NHS TRUST

Breaking point was getting a MSc degree in Sep 2020. It has been a long-awaited degree for my dad and myself. I had my delayed graduation ceremony in July 2022 due to the COVID pandemic. It was a dream come true moment for both my dad and myself. However, I got my parents blessings from the sky.

### 3. Why did you become a Cardiothoracic ACP?

The 1st reason to become an ACP was that I understood that ACP service could improve patients' care and experience. I knew that ACP is highly skilled practitioners working in their chosen field. Prior to the ACP service, a junior doctor worked on a ward. The doctor's rotation could be 6-12 months. Lack of continuation of care for our patients due to the pattern of changing doctors' rotation. I felt that ACP who are based on the ward could provide continuation care which could be benefit for patients' outcomes and training the core surgical trainee doctors.

I felt I could make a difference for our patients. It has proved that over the last few years, I did make Thoracic patients' experience better and it continue getting better, such as: set up nurse led clinic, leading projects which benefit for ERAS of our patients, develop guidelines /protocols, expand ACP role to learn new skills to improve patients' experience etc...

The 2nd reason I became an ACP is because this job provided me with further education which I had missed the chance in my earlier life due to parents passed away early.

The 3rd reason I became an ACP is that I would like to develop my career further to benefit our patients and have more impact of helping the trust and NHS to improve quality of care. Importantly, advanced care practitioner job is not a one-person show, it is a multidisciplinary team work to enhance the patient experience.



### 4. What is the history of cardiothoracic ACP in CT surgery?

Nationally, the role of Advance Nurse Practice was introduced in 1990s. It is only over 20 years, recently, the Health Education England (HEE), has brought a clear role boundary to protect the profession. In Southampton, Cardiac ACP practice was introduced in 2010. At that time, there were only 3 Cardiac ACPs employed, and they were working in Cardiac surgery. The Thoracic and Vascular services were not covered. In 2012, Thoracic and Vascular ACP service was introduced in Southampton. 2 ACPs were employed And I joined the Thoracic ACP team I worked with my colleague who was already a thoracic ACP and we worked together as a team to make a difference to the patient and department.

### 5. What are the key moments that got you to where you are now?

The best day in my whole life must be the day that my partner and I welcomed our son to this world. There were no words to describe our joy and excitement, and all the trouble through the pregnancy paid off.

## SCTS NAHP INSPIRATIONAL STAR OF THE YEAR: SUMMER 2023

MRS. XI LIU, THORACIC ACP SOUTHAMPTON NHS TRUST

The other key moment of my life is when I got my MSc award in November 2020. It was hard work during those 5 years with full time work and a young child. I enjoyed the learning throughout the 5 years, although I experienced some difficulties from time to time. This pathway provided the opportunity for me to study in a university in the UK, which I had never dreamt of.

Become the Thoracic Surgery Lead in ANHP committee is another highlight of my life. Over the years, I have experienced the Thoracic patients' care pathway has changed a lot since ACP role was implemented 11 years ago. As a Thoracic surgery lead, I would like to develop more Thoracic ACPs and build a network across nationally, which would provide a platform for our colleagues throughout the country to shear their expertise and learn from each other in order to enrich Thoracic patients' experience in the UK. There are also many other key moments in my life, such as became a registered nurse in the UK; meeting my partner, our son's milestone etc.

Q. A day in the life of a cardiothoracic ACP

A. A typical day in the life of a Thoracic ACP normally starts with a ward round with a specialist

registrar. Recently we have started a trial of ACP lead ward round. The morning ward round is carrying out by a Senior ACP. This practice enabled us to free up a registrar who can use the time to deal with urgent referrals, emergency procedures or review some investigations etc. The ACP who carries out the independent ward round will meet up with the registrar to discuss the plans for the patients. This trial has been introduced in Thoracic for almost a year. We have been auditing the practice and the provisional result of the audit is positive and encouraging for an ACP lead ward round.

After the ward round, we will carry out the jobs that we planned during the ward round. E.g. request blood test, request CT, CXR or ultrasound. Review patients drug chart, prescribing medication, titrate medication doses etc.

During the day:

- a. Review all test results. Liaise with other specialties to review Thoracic patients who have any needs from other specialties
- b. Refer patients who need to be transferred to other specialties or repatriate back to their local hospitals
- c. Review patients who deteriorate or have deranged test results, and making care plans for those patients accordingly
- d. Review and monitor the post operative patients
- e. Admit and discharge patients
- f. Liaise with bed manager regarding the bed situation to enable the ward to accommodate post operative patients as well as emergency and transfer patients





## SCTS NAHP INSPIRATIONAL STAR OF THE YEAR: SUMMER 2023

MRS. XI LIU, THORACIC ACP SOUTHAMPTON NHS TRUST

- g. Attend cardiac arrest within the Cardiothoracic care group
- h. Provide teaching (formal and informal) throughout the care group
- i. Provide support to the ward staff
- j. Update patients' relatives regarding their progress during the admission & care plan.

6. What challenges have you faced? How did you overcome them?

The biggest challenge I have faced is lack of staff in the National Health Service. This could be the ward nursing staff team, ACP team, other specialty team who was not able to review our patients in a timely manner due to short of staff.

To overcome this, I always make sure all the staff has the support they need from the senior team. Make sure they have adequate breaks, and we work as a team.

Another big challenge for me /ACP is the ward staff team when their skill mix is not meet the needs of the acuity of our patients.

To overcome this, I always make sure the nurse in charge has the support as he/she needs. I always make sure I am available to support her/him whenever they need me. I also prioritise my workload to make sure I have some time for the junior staff to teach them and make sure they are not too stressed.

7. How do you interface with trainees and surgical trainees?

I always make sure that I am available for them during working hours. I show them my passion towards my job. Encourage them to enjoy their training period. Praise them with their achievements. Encourage them to get involved in the departmental innovation and service development. Demonstrate them the power of teamwork. E.g., Thoracic in the University Hospital of Southampton always has objectives in order to improve our service for our patients. Everyone in the team works together to achieve our goals.

I always make sure to listen to their needs and make sure our support meets their needs during the training period.

8. What are the other interests do you have apart from ACP job?

Outside work, I love to spend time with my family. As a family, we go walking in the countryside or spend an evening watching a film together.

I love cooking, reading and knitting. I love to cook Chinese, Indian, Thai, Italian, Spanish and English food, but my favourite food has to be Chinese. I love to invite friends coming over and cook some nice Chinese food for them.



## SCTS NAHP INSPIRATIONAL STAR OF THE YEAR: SUMMER 2023

MRS. XI LIU, THORACIC ACP SOUTHAMPTON NHS TRUST

I like to read autobiography and I have read many of them over the years. I like to learn from other people to make me a better person each day. I have just finished David Attenborough's Life on Air. It was a very interesting to learn of the fun and challenges of him and his film crew while they were making the nature programme. I like to read history book as well, which taught me to have a balance view of today's society and philosophy of my life. I am currently reading Silk Road. The most important thing I have learned from my reading is that I am often to reflect my thought and behaviours. I learned that throughout my life, how I can make other people's life better and how I can contribute to the society to facilitate others.

9. What advice/top tips would you like to give it to current junior ACPs and those considering it?

Work with a passion. Love your job first before taking other elements that comes with the job into account. Always listen to your patients and your colleagues' needs and do your best to meet their needs. Be a team player. The whole team working together can achieve big goals. Be a role model to anyone who is working with you.

10. What has made you laugh?

Good team spirit during an extreme busy/hard day. Everyone supporting each other and we all have a good laugh at the end of the day. One thing always makes me laugh (smile) is that going through a path with a critically ill patient, taking part in his/her care group, seeing him/her making progress each day until fully recovered and discharged from the hospital.

11. What has made you cry?

I rarely cry. Last time I cried was at work when I heard a dying single young mother of 3 children arranging her children's adoption with social services.

12. How do you maintain a good work-life balance?

It is not hard for me because I love my job so much. The people I have been working with just like part of my family. I do not feel doing my job is hard, although sometimes can be extremely busy and hard. I have so much support from my colleagues who have always been by my side when I need them.

13. If there was one thing you know now that you wish you knew at the start of the journey, what would it be?

I wish I had the knowledge and vision at the start of my ACP journey, so that some of the changes and projects I was leading would have happened earlier to benefit more of the Thoracic patients. My ACP journey started in 2013, and it just keeps getting better and better. I always have my support from my team, other teams in Thoracic. I never feel I am working alone although I am physically alone at work, I know my support (advice) is just a phone call away.



## INTRODUCING THE NEW FACES OF SCTS INSINC: GREETINGS FROM THE MEDICAL STUDENT COMMITTEE!

HEEN SHAMAZ AND PROF FARAH BHATTI  
ON BEHALF OF SCTS INSINC

With great pleasure, we announce the formation of the new SCTS INSINC committee for the years 2023-2025. We take this opportunity to express our heartfelt appreciation to the outgoing committee for their tremendous dedication and hard work during the past couple of years. The solid foundations they have established will undoubtedly benefit future generations to come.

As we step into our roles, our primary objective is to continue inspiring students across the UK and Ireland. We aim to achieve this through a series of exciting events, featuring world-class speakers, and by expanding access and exposure to the field of cardiothoracics for all.

Please feel free to follow our Instagram @sctsinsinc & Twitter @SCTSINSINC for all the latest updates!

Now, let us introduce you to the new members of the INSINC committee, who will be steering these initiatives forward.

### **Heen Shamaz - INSINC Lead**

Hi everyone, my name is Heen Shamaz and I am honoured to become the lead for SCTS INSINC! I have just finished my 3rd year of medical school at the University of Edinburgh, intercalating in surgical sciences. I'm very passionate about cardiac surgery and have been working extensively to promote insight, research, diversity, and mentorship in all things cardiothoracics! In my free time I love spending time with family and running my YouTube channel!

### **Mostin Hu - Mentorship Lead**

I am a fifth-year medical student at the University of Cambridge and originally from Toronto, Canada. I have been interested in cardiothoracic surgery, in particular heart/lung transplant and mechanical support. As Prof Bhatti says, "lift as you climb" - my goals as mentorship officer are to develop a tiered near-peer mentorship scheme for sixth formers and medical students. Outside of medicine, I love spending time with my pets, teaching ballet, and knitting.

### **Chloe Knight - Research Lead**

I am a 5th year medical student at the University of Birmingham with an intercalated BMedSci in Cardiovascular Sciences. My special interests are in congenital cardiac disease and academic medicine. I am delighted to have been appointed as the SCTS INSINC Research Lead, as I am extremely passionate about improving opportunity and representation within both cardiothoracic surgery and research.

### **Martin Ho- Medical School Liaison Lead**

I'm a 4th year medical student studying in University College Cork, Ireland. Cardiothoracic surgery is a small, tight-knit specialty where we strive to look out for one another as well as our patients. I'm delighted to be a part of SCTS INSINC Committee as Medical School Liaison Officer and hope to inspire more students, particularly from Ireland to enter this fantastic specialty!



**Ayush Balaji - Education Lead**

My name is Ayush Balaji and I am a second year medical student at the Hull York Medical School. I was born in India, grew up in Japan and now live in York. I aspire to go into congenital cardiac surgery and have a strong interest in applying a multidisciplinary approach through the combination of technology and bench research to medicine. I am very passionate about building interest in surgery through hands-on exposure and practical experiences. channel!

**Marsioleda Kemberi- Treasurer**

I am a third-year medical student at Barts and The London with an iBSc in Cardiovascular Sciences. Originally from Albania, I currently hold the position of General Secretary at AMFE-England and am also a volunteer for ALSA, with a strong drive to enhance the involvement of Albanians in the medical and surgical field. Outside of medicine, I help run our family business, love travelling and I'm excited to collaborate with the committee.

**Pia Wahi-Singh- Communications Lead**

Originally from Phoenix, Arizona, I am currently a 5th year studying at Edinburgh University Medical School. I am the current president of the Edinburgh Cardiothoracics Society and have been the president of Association of Women Surgeons Edinburgh for the past 3 years. Outside of medicine, I am the co-founder and co-president of DURGA- a 501(c)3NGO tackling healthcare and educational disparities Jammu, India. I am thrilled to join INSINC!

**Emma McEwan- Events Lead**

I am currently completing my intercalation in Cardiovascular Sciences at UCL, after which I will begin my clinical years of medical school. Outside of medicine I enjoy learning new skills, including life drawing and knitting. I look forward to help create opportunities for students and working together with the new team.

**Alana Atkinson- Widening Participation Lead**

Hi everyone, I'm Alana Atkinson and will be taking on the role of widening participation lead. I am a fourth-year medical student at Queen's University Belfast and am passionate about educating medical students about the field of cardiothoracic surgery. Living near the coast I love to get out surfing or paddle boarding, although the weather doesn't always agree.

**Joshua Halyckyj-Smith - Equality, Diversity, and Inclusion Lead**

I am a fourth-year medical student at the University of Manchester. I believe that no individual should be prevented from moving in a productive direction – that is, pursuing their interest in CTS – for reasons that are unrelated to their competence. I will work to develop strategies to support students where necessary, providing equality of opportunity to explore their interests. Outside of medicine, I keep active with the gym, cycling, Brazilian Jiu Jitsu, and field archery.

**Equality, Diversity, and Inclusion Study**

One of our first projects is already in progress, a study which aims to gain insight to equality, diversity, and inclusion in cardiothoracics. We are conducting a national survey of medical student experiences and we would appreciate the help of any medical student in the UK/Ireland, regardless of interest in surgery! Here is the link to our survey-  
[https://docs.google.com/forms/d/e/1FAIpQLSc9vxgf6ETJowV-uJftvOD8AQwkshbzAz2ETu51\\_MQgjGVILA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSc9vxgf6ETJowV-uJftvOD8AQwkshbzAz2ETu51_MQgjGVILA/viewform).



## SUDANESE HEART SURGEONS SERVING THEIR PATIENTS WHILE COUNTRY UNDER WAR

ESSAM ELDIEN ABUOBAIDA BANAGA

MEDICAL STUDENT AT THE NATIONAL RIBAT UNIVERSITY, KHARTOUM/SUDAN

Cardio-thoracic surgery was and will always be one of the most demanding specialties in the medical field. Although surgeons are rewarded mentally and spiritually when they operate on the sickest patients in hospital wards, they do encounter lots of struggles, even in perfect situations. Longstanding surgeries, a high proportion of night shifts compared to other specialties, increased stress, anxiety, and burnout due to overworking, and a defect in the balance between work and lifestyle

On April 15th , 2023, the sounds of battles, gunshots, gunshots and clashes went way too louder than the sounds of wisdom and mind in the political hall of the presidential palace in the tripartite metropolis capital of Sudan, Khartoum, declaring the start of war between the Sudanese armed forces and the rapid support forces fighting over who takes the presidency of the country.

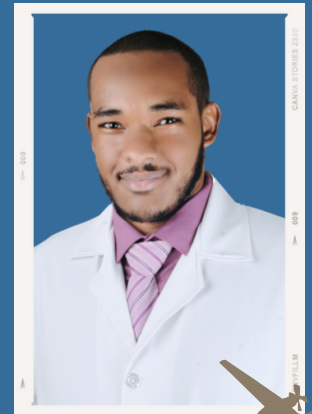
Sudan is bleeding heavily from multiple aspects due to the war, and education has been terminated from all institutions for an unknown period. For this second, I am writing to say fourteen out of sixty hospitals were bombed, mercifully calling out for a new national health crisis that will happen soon in Khartoum if the war is not terminated.

Heart surgeons in Sudan are now facing another level of struggle; they might even die when they drive to their hospitals to take care of their patients. As far as I know, two of the major hospitals specializing in cardiology and open heart surgeries were evacuated from patients and occupied by troops.

All of these and more are struggles that I really look forward to resolving as fast as possible so that everything gets better like before.

And on the other hand, lots of charity foundations were there to assist the country and reduce the load of the disaster, and also the healthcare workers are doing everything they can to help, especially our unit in the Sudan Heart Center. They have created an online platform that makes communication between patients and healthcare workers easier.

And for me, I wish everyone who reads this to pray for Sudan, and I would like to take advantage of this opportunity by writing this poem to thank all cardiothoracic surgeons in my country, Sudan, for their sacrifices.





*Oh Cardio thoracic surgeons of Sudan,  
Your dedication and hard work deserve a grandstand.  
A midst the chaos and destruction of war,  
You tirelessly saved lives, healing wounds so raw.*

*Your hands worked with precision and care,  
As you battled against death, never giving in to despair.  
You sacrificed your own safety and comfort,  
To ensure that others could live and not be hurt.*

*Your expertise and skills are truly remarkable,  
As you performed surgeries in conditions so terrible.  
Your commitment to your patients is inspiring,  
A true testament to the human spirit's unwavering.*

*We thank you from the bottom of our hearts,  
For your selflessness and bravery in doing your part.  
You are heroes in every sense of the word,  
And your service to humanity will never go unheard.*

*May your work continue to bring hope and healing,  
And may you always be blessed with strength and willing.  
Thank you, Cardio thoracic surgeons of Sudan,  
For all that you do, for making a difference, and taking a stand.*

ESSAM ELDIEN ABUOBAIDA BANAGA





## WORK LIFE BALANCE

**Aman Coonar**

**NHS Clinical Lead for Thoracic Surgery & SCTS President-elect**



I was struck by the words of Tim Mitchell, President of Royal College of Surgeons when he spoke recently in Cambridge. Can it be that so many U.K. medical graduates are leaving! Yes!! Time and time again, surveys spotlight work-life balance as a problem. We see that more people are opting for flexible working. Recruitment drives from other parts of the world highlight both the better pay and easier working conditions....

He spoke a lot about the surgical workforce and what we can do to retain staff. Undoubtedly there are the financial considerations, but there is also the really important factor of how much we enjoy our jobs; what we give to them; and what our work gives back to us? Look at the data on burnout!

For me, I have become more and more aware of the issues of and around work life balance. I don't feel that working harder is going to help us achieve more than working smarter. Raising this issue, may be at odds with the image of 'alpha' surgical/anaesthetic teams, but I want to review our behaviours and the examples we set. It is important that people who are in senior positions speak up to support our teams and promote a healthy culture. My own journey to this is reflected in the relationship with my children. The older ones don't have much memory of me as 'younger' parent, and sadly I do not have so many memories of them. It is very true, that they say the time 'never' comes back. It doesn't. I contrast that with my younger children with whom I have been fortunate to enough to spend more time and know in a different way.

So what is the lesson?

We must be very productive within reasonable working hours. Beyond those usual times we need to take care about who we are taking the time from when our 'optional-important' activities run into evenings and weekends. Have we really asked the permission of our families? Or did we just tell them and leave them to accept it. Have we asked the permission of our bodies? Should we instead be restoring, recuperating, and refocusing? I am massively impressed by the huge energy and commitment of the wide cardiothoracic surgery workforce, but I would like us to actively limit these out of hours 'optional' activities.

If they are that important, let's try to get them done in the working day. We may even become more effective. In so doing it is my opinion that we will also become more inclusive by making it easier for those with more outside commitments to participate. By that I specially highlight those with young children and other caring responsibilities.

Let's try it!

