# From the Chest

May 2023

# *From the Chest*

It has been an eventful period since our inaugural issue. We have had cause for concern and celebration. Our units have all weathered the storm of the nurses, ambulance workers, junior doctors' strikes. SCTS values communicating with the membership in a timely and useful manner is of paramount importance. Whilst we hope a suitable solution is found for the pay gap we are also grateful to the consultants who delivered the services. We have celebrated the coronation of our new King Charles III.

Thank you for all those who reached out and offered feedback to the first issue. It is the feedback which evolves and makes our communications better.

In our second issue we showcase the photography of **Mr Rohit Govindaraj**, a Specialty Doctor in Golden Jubilee National Hospital who shared his beautiful picture of the Shanghai skyline taken during his visit to Shanghai as SCTS Ionescu travelling fellow.

**The Escapist Club** this issue features Past President of SCTS **Mr Graham Cooper**, who shares his top tips in his culinary exploits. It is amazing how surgeons always keep comparing all other aspects of their life to their primary focus in life. Graham very elegantly presents the joy of cooking.

Ours is an intense specialty which only thrives on the hard work of our multidisciplinary team members. SCTS NAHP Committee has created the Annual AHP awards and NAHP inspirational stars. This issue features **Amy Millichope** who shares her journey which culminated in her being named NAHP star on 2022.

***'From the Chest'*** is all about celebrating the various aspects of our members' lives and passions. **Prof Ira Goldsmith** shares his joy about his 100$^{th}$ citation of his research publication and also how the he and the UK unit narrowly missed being the lead first author.

The activities of SCTS will not be possible without the hard work of our members in the executive committee and the various sub committees. We aim to showcase our members in each of the issues. We think we have the first right of passage as the FtC is part of the **Communications sub- committee**, and we have put the spotlight on our subcommittee.

SCTS Education is unique in offering our portfolio of courses marching on into the 10$^{th}$ year. The **Hamburg courses** where trainees have simulated live operating have been the crown jewel. This year we have return to Hamburg with our senior trainees with a big step of bridging the gap between NTNs and our TADs. We offer you an insight into this course.

As always we welcome articles art forms or photography to keep this journey going from strength to strength.

I am hopeful this venture will progress in the next few issues as we have appointed bright and eager young surgical colleagues who I am sure will shape From the Chest.

*Sridhar Rathinam* *SCTS Communication Secretary*

# *Cardiac Surgeon's Culinary Exploits  Graham Cooper*

The old adage; choose well, cook well, eat well, could equally well be applied to surgery. All the 'Ps' apply too. Of course, the stakes are very different. If you ruin the steak you can put it in the bin and call for a take away rather than calling the coroner. The outputs are also very different. But the skills required to successfully execute each craft are similar. There are manual and cerebral elements, each requires tools or instruments (round bodied needle holder, curved tip, no ratchet, as you ask), technique and an understanding of process.

I became interested in cooking after completing my MD and finding time on my hands in the evenings. Initially this involved following recipes in cookbooks. But to cook well you need to know what good food tastes like. For me, the turning point was a meal at The Greenhouse restaurant, where the head chef was Gary Rhodes. This experience took me from unconscious incompetence to looking conscious incompetence straight in the face.

This realisation was a powerful motivator, exactly the same motivation that I had felt as a junior surgeon. It became clear that to cook decent food I needed to not only develop my technique but also understand the process. Why the recipe says what to do, how to do that in another way, how to do it better. There are a host of websites and books that enable development of this understanding. With a knowledge of process, one starts to move into the realm of conscious competence.

Part of this consciousness is the realisation that, in the same way that surgery is about so much more than where you place the stitch, there is much more than just technique and process involved in producing decent food. This starts with ingredients; no amount of technique or process will give a piece of fish that is past its best the fresh taste of the sea or give intensively reared chicken the depth of flavour of a better husbanded bird. I am lucky to have enough space outside to grow a decent range of vegetables. What I cook is very much determined by what vegetables are at their best in the garden.

Equally important is how you put these ingredients together to create a dish. Cooking maybe allows greater creativity than surgery. But not all creations work, however appealing they look on paper. An important rule is always to try a new idea out before putting it on a plate in front of guests. Pigeon with beetroot, goats cheese risotto and walnut ice cream emphatically did not work. Pigeon with beetroot, walnut risotto and goats cheese emulsion did. In creating a dish, it is important to remember that eating, at least in my book, is meant to be a comforting not a challenging experience. Not too many left field flavour combinations. Although having said that white chocolate mousse with cucumber is a fantastic, if unexpected combination of flavours.

One of the 'Ps' is planning. How you put a series of dishes together to create a meal, of course involves creativity. There are certain elements that you want on the plate to make a satisfying dish; a range of textures as well as a range of complimentary flavours. Underlying this creativity however is a big dose of practicality; planning. You have to able to prepare and cook the food in the time that you have available and with the resources available. The number of pans that you can have on the go at the same time is governed by the number of hobs that you have available, not your aspirations.

Cooking also provides an area of creativity not available in surgery, how you arrange the elements of a dish on the plate. This is important as we 'taste' food with our eyes as well as our nose and mouth. There is almost as much 'science' behind this as there is in the actual cooking.

For me, a large part of the satisfaction that I derive from cooking as from surgery is making a plan and then executing it. A further similarity between the two crafts is that although both are firmly rooted in physics and chemistry. The craft involves applying that science under variable conditions to variable tissue. Both require an innate understanding of the process, the conditions and the ingredients.

# *SCTS NAHP Inspirational Star of the year 2022*

# *Amy Millichope nominated by Kathryn Hewitt*

**Kathryn, tell us a bit more about yourself and why did you nominate Miss. Amy Millichope for this Inspirational Star interview?**

I'm Kathryn, the NAHP subcommittee lead for Cardiac Surgery and also sit on the Adult Cardiac Surgery Committee as the NAHP representative. I have worked the past 12 years in Cardiothoracic Surgery at the John Radcliff in Oxford, New Cross Hospital Wolverhampton. Currently, I work as a qualified ACP in Cardiac Surgery at University Hospitals Birmingham. During my time in Cardiothoracics I am fortunate to have worked with some extremely inspirational NAHP's but I have chosen Amy specifically as my Inspirational Star for 2022 as her story will be inspirational to junior NAHPs. Amy's career path has been full of exciting journeys and plot twists all leading to her dream job as an ACP in Cardiac Surgery. I feel it highlights to us all that you really can live life to the full and still be working towards your dream job. She is a great example of work and life balance with her fill of adventures across the world.

**Amy, tell us bit about yourself.**

My name is Amy and I live in Birmingham with my partner and our daughter. I completed my Nursing BSc in 2009 and got my first job at Selly Oak Hospital on a military trauma ward, caring for patients with injuries sustained in the Afghanistan war. Whilst I loved my first job as a trauma nurse, I was inspired by the critical care outreach teams and advanced practice teams and this encouraged me to work hard so I could apply for a job in an Intensive Care Unit (ICU). I got my first ICU job in October 2010 on the Trauma and Burns Unit at Queen Elizabeth Hospital, Birmingham. At the time, intensive care was my dream job, but I had a real thirst to travel, and so I took a UK career break, and travelled to Australia where I worked and travelled around Asia on the way back to the UK. When I returned to my job in ICU in Birmingham I wanted to challenge myself. I loved the acuity of the patients, and the high level of nursing required to care for the Cardiac patient, and so I transferred to cardiac ICU and after working there for a year, I decided to take a research job with the Surgical Reconstruction and Microbiology Centre based at QEHB.

Although the experience I gained in research was invaluable, I missed direct patient care. I decided to complete a year within the role, and then go travelling one last time before really settling down. I took a 4-month sabbatical in early 2015, and travelled around North and Central America. On return my

return to the UK, I wanted to advance my career to the next level so I applied for a job for a Trainee ACP role in cardiac surgery. Five years later, I had completed my MSc in Advanced Clinical Practice at the University of Birmingham. After finishing my MSc, I had become involved in an "objection to large scale planning" application in my local area. This led me to me becoming more involved with both the community and the Town and City Councils. This then led me to stand for election for the Royal Sutton Coldfield Town Council, where I was elected in May 2022. I am now a local Councillor, and also sit on the Planning and Highways Committee.

**Why did you become a Cardiac ACP?**

Since my third-year nursing student placement in 2008, I have been interested in advanced practice. I have always wanted to do more and learn more, but equally I looked up to them and thought "Wow, they must be so experienced in their area, and it will take me many years to be as skilled as them". When the trainee job advert came out, I didn't think I would be successful, but I thought, if I wasn't successful the first time I could be in the future. I didn't want to let the opportunity pass, I was ready to engage in masters level education and use my existing and new knowledge and skills to perform in an autonomous role, to benefit the cardiac patients and the department. I was successful and I felt like I had won the lottery.

**What is the history of cardiac ACP in CT surgery?**

Advanced Clinical Practice was founded in the USA and was well established by the 1960's, prompted at the time by social issues and a lack of physicians. A degree of standardisation was established by the late 1990's with licencing introduced in the early 2000's allowing for utilisation of the role across the USA.

The introduction of Advanced Clinical Practice in the UK was slower, initially introduced into primary care in the late 1980's. Various publications from key organisations attempted to lead the way for Advanced Clinical Practice over the next decade, but it has grown significantly in the UK over more recent years in response to-a reduction in Junior Doctors working hours to a maximum of a 48-hour working week. Furthermore, the Deanery's requirement for Cardiac Surgical Trainees to be allocated dedicated and protected time under direct surgical supervision in theatres has been a key driver for Advanced Clinical Practice roles within Cardiac Surgery. Recruiting ACPs to work over a 7-day service, allows Trainees to meet the requirements of their specialty training role without the added pressure of having ward patients to cover each day.

**What are the key moments that got you to where you are now?**

- Witnessing my father graduating at the age of 40, when I was 12 years old made me very proud to have a dad who is determined in life
- Attending many job interviews for my first staff nurse job so I had options
- Attending my first SCTS conference in 2018 and presenting an audit – attending the SCTS conference gave me a real buzz for the specialty
- Graduating with my MSc in Advanced practice in 2020

- Always taking an opportunity, even though it takes effort, it might just pay off

**A day in the life of a cardiac ACP……**

- Arrive on shift at 0700 and take handover from the night medical team
- Review each patient electronically using several systems, including observations, bloods, - imaging and medications
- Review each patient with the SpR and make a plan for the day including the request and review of investigations such as CT scans
- Clerk new admissions from other hospitals or ED, both elective or emergency admissions
- Completing complex referrals to speciality teams such as Stroke or Microbiology
- Ensure the timely and safe discharge of patient home
- Prescribing and review of medications
- MDT meetings for complex patients with physio, OT, Safeguarding, Learning Disability
- Review all discharges from the ICU and make a plan for their recovery
- Attend several meetings including cardiology and cardiac surgery MDT, Aortic MDT, Theatre scheduling, Morbidity and Mortality Meetings, Clinical Governance

**What challenges have you faced? How did you overcome them?**

A big part of the ACP role is autonomous clinical assessment and diagnosis and prescribing where required. I initially was very dependent on protocols to guide my decision making, for example warfarin dosing. Other senior ACP's and medical staff would often not follow a particular protocol, and used their clinical judgement to make decisions about certain medications and certain complex situations. It probably took me a year or so following my prescribing course to be comfortable in doing this, and of course, there are situations where I would still seek guidance regarding certain medications in certain situations, but that is the great thing about working in secondary care at a centre of excellence, the access to other speciality knowledge is available 24/7.

**How do you interface with trainees and surgical trainees?**

I really enjoy meeting and working with the surgical trainees. The knowledge they bring to our ACP team is invaluable. As a team, we provide an ACP workforce with the aim to cover the ward patients so that the core surgical trainees can go to theatre as much as possible so that they can complete their surgical training. The ACP team is not an alternative or replacing the junior core surgical trainees, we enhance and support in their training to produce best trained surgeons.

**What are the other interests you have apart from your ACP job?**

I love to eat with my partner, friends and family whether it's in restaurants or home cooked food. I love cocktails too and my favourite would be an Amaretto Sours. I enjoy yoga and walking, especially with a good podcast. My favourites are "Table Manners" by Jessie and Lenny Ware, and "My Therapist Ghosted Me" by Joanne McNally and Vogue Williams. I have a little girl who is 17 months old, so also love to do things with her, whether it's swimming, play groups or snuggling down on the sofa to watch Disney's Moana or Frozen.

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

- Plan your time when undertaking your MSc, be organised and use GANTT charts
- Spend as much time with other specialities as possible, even if you are starting an ACP job within cardiac surgery

Advanced Clinical practice is an amazing role and career. Health Education England currently fund the training in many parts of the UK. Being a clinical ACP could be your dream job. Or you could complete your ACP and then use it as a stepping stone to become a Nurse Consultant, or to teach future students at University. The career possibilities are endless.

**What has made you laugh?**

I laugh out loud when listening to my favourite podcasts, or when my daughter says or does something funny. My partner Mitch makes me laugh too.

**What has made you cry?**

The last thing that made me cry at work was a family whose relative was dying. It was in the height of the COVID pandemic and some of the relatives had to wait outside the hospital as it was only two relatives to a bed, and they weren't allowed to change over. It was such an upsetting time for them, with the loss of their Wife, Mum and Grandma, and it really got to me that they had to say goodbye from outside without holding the hands or seeing the face of their loved ones. I couldn't bear the thought to be in that situation with my family.

**How do you maintain a good work-life balance? Any advice for your juniors.**

I find it quite easy to switch on and off, and try not to dwell on things. I find that this works for me as I really do "clock out" of work-mode when I leave the hospital. If there is something that is bothering me, I find it good to talk to people who understand the situation, and have previous experience with similar situations. I always arrange something nice to do on my days off, whether it's chilling out with family, my little girl, or doing something adventurous. I also love to travel, and a pre-planned trip always keeps me excited, especially if it's somewhere sunny and bright.


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

Being an ACP is such a rewarding career, but it does take a lot of dedication, determination and hard work. You have to commit yourself 100%, not only to undertake an MSc in advanced studies whilst working full time, but also to become clinically competent within the role. You also have to love the specialty you work in, because you live and breathe it. Fortunately, I am lucky enough to have landed in an ACP job in a Cardiac speciality which I adore.

# *"A milestone"*

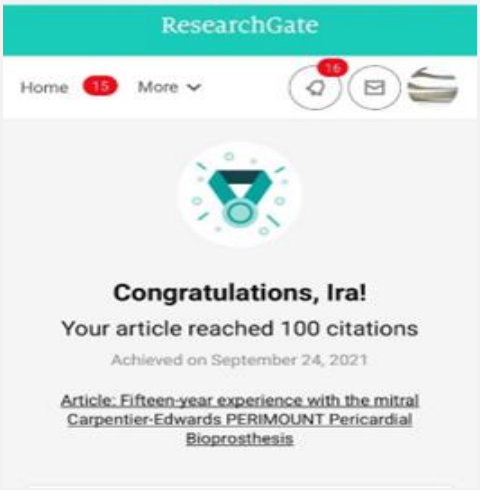
## *Professor Ira Goldsmith MBBS, MD, FRCSEd, FRCS RCPS, FRCS CTh*

In the nineties the Ionescu pericardial valves, manufactured in Leeds, were having a terrible time. High structural valve failure rates meant that many patients required explantation of their implanted valves – "a nightmarish redo-valve replacement operation!" Hence, surgeons began abandoning the implantation of pericardial valves and instead switched their attention to either the porcine bioprostheses or mechanical valves.

At that time, I was researching the thrombogenecity and long-term outcomes of our British made TissueMed porcine bioprosthesis, the pericardial valves and the Italian Sorin mechanical valves. In the process I noticed that in Coventry although we were implanting the Carpentier-Edwards pericardial valves the valves did not seem to have the same durability problems like the Ionescu valves. When Jill Storie, the manager of clinical affairs for Edwards Lifesciences in Irvine, California, paid us a visit promoting the Carpentier-Edwards porcine valves we arranged a special meeting with her and took great pains at pointing out that their Carpentier-Edwards perimount pericardial valves, which we had been implanting for more than a decade, did not seem to have the same outcomes as the Ionescu valves. I am so glad that the company took us seriously and decided to support my proposal, albeit very hesitatingly because of the dented reputation of the pericardial valves at that time, to look at the long-term outcome of their pericardial valves in the mitral position. Edwards agreed to a protocol for an international study and the arrangement reached was that the cardiac surgical center implanting the highest number of the Carpentier Edwards pericardial valves would have the privilege of first authorship of any presentation or publication that came with the study. I was supported with a research grant and took great pains to study the outcomes in detail. France pipped us to the top spot by four valves!

The project became a landmark study for bioprosthetic valves in the mitral position, and was published in the Annals of Thoracic Surgery. The valve became a powerful alternative to mitral valve repair in the elderly, and re-energized the reputation of pericardial valves in the mitral position. I had the privilege to argue the case for the valve at the American Thoracic Society meetings, and also came up with a solution for preventing the complication of the running suture catching on the struts of the valve at the time of implantation. An idea that Tirone David (a co-author) then used for his valve (I wish I had been smart enough to patent my idea). The paper formed a part of my MD thesis. The rest is of course history. At that time, I could not have imagined that what started as an interesting observation would one day have a 100 citations!

The authors at the Edwards Lifesciences headquarters in Irvine. I had a moustache and wore glasses back then! Tirone David fourth from the right.

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# *Committee Focus: Communication*

The communication committee is co-chaired by the communication secretary Mr Sridhar Rathinam with Mr Rana Sayeed the Honorary secretary as executive co-chair. The members of the committee as Ms Indu Deglurkar the Editor of the Bulletin, Mr Clinton Lloyd the website lead and Prof Vipin Zamvar elected trustee and Journal facilitator.


The team is ably supported by the administrative team who in addition to their administrative skills contribute with their artistic and social media skills.

We expanded the committee after interview and appointed motivated and enthusiastic members with various ideas, skills and talents.

**Bilal Kirmani** is a Consultant Cardiac Surgeon in the Liverpool Heart and Chest Hospital. He is particularly active on social media promoting and developing e-consent, telehealth, patient resources and other patient facing materials. He was the editor of the SCTS Perspectives in Cardiothoracic Surgery and will co-lead on the SCTS Living Text Book of Cardiothoracic Surgery.

**Jeremy Smelt** is a Consultant Thoracic Surgeon St George's Hospital He is a faculty member of courses run by the RCS(Eng)(CCrisp, BSS, SSS) as well as co directing the SCTS NOTTS course. He has been a speciality champion for cardiothoracic surgery since 2014–providing information and support for those interested in pursuing a career in cardiothoracic surgery. He will co-lead on the SCTS Living Text Book of Cardiothoracic Surgery.

**Georgia Layton** is a national trainee in cardiothoracic surgery, currently out of programme in research completing a PhD in vascular biology. She was previously the executive communications officer for the national Association of Surgeons in Training (ASiT) and prior to clinical training was a social media manager in industry.

**Hanad Ahmed** is a current Academic FY2 with the Department of Surgery at the University of Cambridge and an incoming NTN ST1 in Cardiothoracic Surgery. Effective communication underpins the success of projects and endeavours at both a patient and organisational level. This appreciation in conjunction with my passion for a career in cardiothoracic surgery has created a desire to support the Society's communication with those that it serves.

**Raisa Bushra**, ST1 Cardiothoracic Trainee, her vision is to create a mini-communication team in every cardiothoracic unit in the UK. She is also keen to help build communication with international or foreign medical graduates regarding fellowship, education, courses, and training opportunities.

**Maria Comanici** is a Junior Clinical Fellow / F2 in the cardiothoracic department at Harefield Hospital. She possesses a good understanding about communications, social networking, social media, marketing, editing, promoting and advertising events with an interest in CTS and has a huge passion for poster / booklet and video editing.

**Francesca Gatta** is a newly appointed ST1 Liverpool Heart and Chest Hospital, and is the Founder and President of The National Surgical Skills Society. She is keen to develop a communication app for SCTS to offer a repository for clinical guidelines, networking and communication. She is also keen to improve patient section of the website including developing patient experience videos.

**Lee Clark** is a senior clinical perfusion scientist at University Hospitals Coventry and Warwickshire previously of Glenfield Hospital in Leicester. He has a keen interest in Augmented reality, spatial Artificial Intelligence, knowledge metaverse and Virtual reality. He intends to bring the aforementioned to the forefront of training and education in healthcare. I hope my involvement on this committee will help to realise these ambitions.

**Jeni May Palima** is a Senior Cardiothoracic Surgical Care Practitioner at New Cross Heart and Lung Centre, Royal Wolverhampton NHS Trust. She's currently the Honorary National Secretary of the Association of Cardiothoracic Surgical Care Practitioners (ACTSCP) and SCTS NAHP Communication Lead, her aim is to support our members in their professional development, contribute to the facilitation and standardisation of training and practice, and encourage active involvement of NAHPs across the country through open communication.

# *Hamburg Experience*

SCTS education has been offering courses for the last decade which is supported by charitable grants and donations from industry. We have been able to run a portfolio of structured simulation based courses which includes dry labs, wet labs and simulated live operating.
The crowning glory of this portfolio is simulated operations where in trainees from various operations based on seniority and experience. They are taken three times to the European Surgical Institute of Johnson and Johnson in Hamburg and are supported to perform various skilful operations.

Starting off with a junior registrar ST3 has an introduction into various procedure, an ST5/6 cohort will perform all the core cardiac and thoracic operations and finally at the end of the training just before becoming consultants we take them to the Pre consultant course which has complex procedures and acute emergencies management are performed.

The invaluable courses would not be possible for the dedication of our faculty members who patiently support and mentor our trainees through the variety of the operations. The courses and facility ae supported by an educational grant from Ethicon.

The support we have from the Ethicon staff are phenomenal in facilitating the requirements to performing and innovating to allow us to perform the various procedure Joern Bischof and his team are marvellous. Astrid Lorisch the perfectionist coordinates all the logistics from booking rooms, labs and refreshments and is a pleasure to work with. Ruth Vassallo the UK Professional education manager who facilitate the grant process as well as the support deserves a big thank you.


The courses in Hamburg have always been for the nationally appointed trainees due to funding and process. SCTS has been striving hard to bridge the gap between the NTN portfolio of courses and to offer the same exposure an opportunity to trust appointed doctors.

This year we were able to open up the course to trust appointed doctors who were selected on merit, who got the same exposure which the senior nationally appointed trainees obtained so that they will be suitably experienced for the future surgical career.

The trainees performed a variety of surgical procedures and the feedback from the trainees has been very positive.
We thank Ethicon for the grant as well as the facilities, which has allowed us to run these courses, for our members for the last 10 years.