



STARSURG NEWSLETTER

AUTUMN 2021

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Partners



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CENTRAL STARSURG UPDATES

New Regional Leads

In September, we invited applications for STARSurg regional leads, receiving over 60 applications. After a competitive selection process, we have appointed regional leads for 34 out of 41 medical schools across the UK and Ireland.

To find the list of the new regional leads and information on how to contact them, visit our [website](#). If your medical school does not have a regional lead appointed and you would be interested in taking up the position, please contact us at starsurguk@gmail.com, as we will be considering applications on a rolling basis.

CASCADE (CARDIOVASCULAR outcomes after major abdominal surgery)



We are excited to announce our **upcoming study for the next academic year**, CASCADE! **STARSurg** and **EuroSurg** will be working together to deliver this across the whole of Europe.

Postoperative cardiac complications account for 1% to 30% of complications in all patients undergoing abdominal surgical procedures. Complications range from minor (i.e., arrhythmia) to life threatening (i.e., myocardial infarction, coronary revascularisation, cardiac arrest). Mitigating risks is important, since they are associated with increased healthcare costs, disability, and morbidity and mortality. To date, there remains a paucity of robust evidence regarding the risk factors, incidence, and outcomes in major abdominal surgery in Europe.

CASCADE is a clinical audit of adherence to and variability of risk reduction measures for postoperative cardiovascular complications following major abdominal surgery.

Our **primary aim** will be to **audit compliance to pre-, intra-, and postoperative audit standards in reducing risk of postoperative cardiovascular complications.**

However, there will also be several **secondary aims** we will be able to provide information on. These include:

- Characterising the incidence of postoperative cardiac complications following major abdominal surgery in Europe
- Identifying risk factors associated with postoperative cardiac complications
- Exploring association of postoperative anaemia with short term outcomes (30-day complications and readmission, cardiovascular morbidity, mortality, critical care admission, length of stay).
- Describing the efficacy and safety profile of extended pharmacological thromboprophylaxis in patients at high risk for VTE.

CENTRAL STARSURG UPDATES

CASCADE Visual Abstract Summary

CASCADE

CardiovaSCular outcomes after major abDominal surgEry

Primary aim: To audit compliance to pre-, intra-, and postoperative audit standards in reducing the risk of postoperative cardiovascular complications (PCC)

Secondary aim: To assess the rates of PCC following major abdominal surgery and to identify risk factors associated with PCC



All hospitals across UK, Ireland, and Europe



Adults undergoing major abdominal surgery with any operative approach



Elective and emergency surgeries



Any operative approach (open, laparoscopic, robotic)



14-day data collection period



Collaborative Authorship Model

..... 30 Days Follow-up

Outcomes

Primary	Incidence of postoperative cardiovascular complication within 30 days of surgery		
Secondary	30-day other cardiac complication rate 30-day critical care bed usage	30-day readmission rates 30-day length of in-patient stay	30-day complication rate (Clavien-Dindo classification) Rates of postoperative blood transfusion & Reoperation

bit.ly/CASCADE_HUB



 www.starsurg.org
www.eurosurg.org

 @STARSurg
 @EuroSurg

Upcoming Educational Resources

We will be publishing e-learning modules that data collectors will need to complete on INCEPT. If you are interested in becoming a collaborator for CASCADE look out for social media posts by your [local regional lead](#), as they will be inviting you to participate soon.

If you have any immediate questions or further concerns, please email: cascade.audit@gmail.com.

UPDATE ON PUBLICATIONS

RECON – REspiratory COmplications after abdomiNal surgery

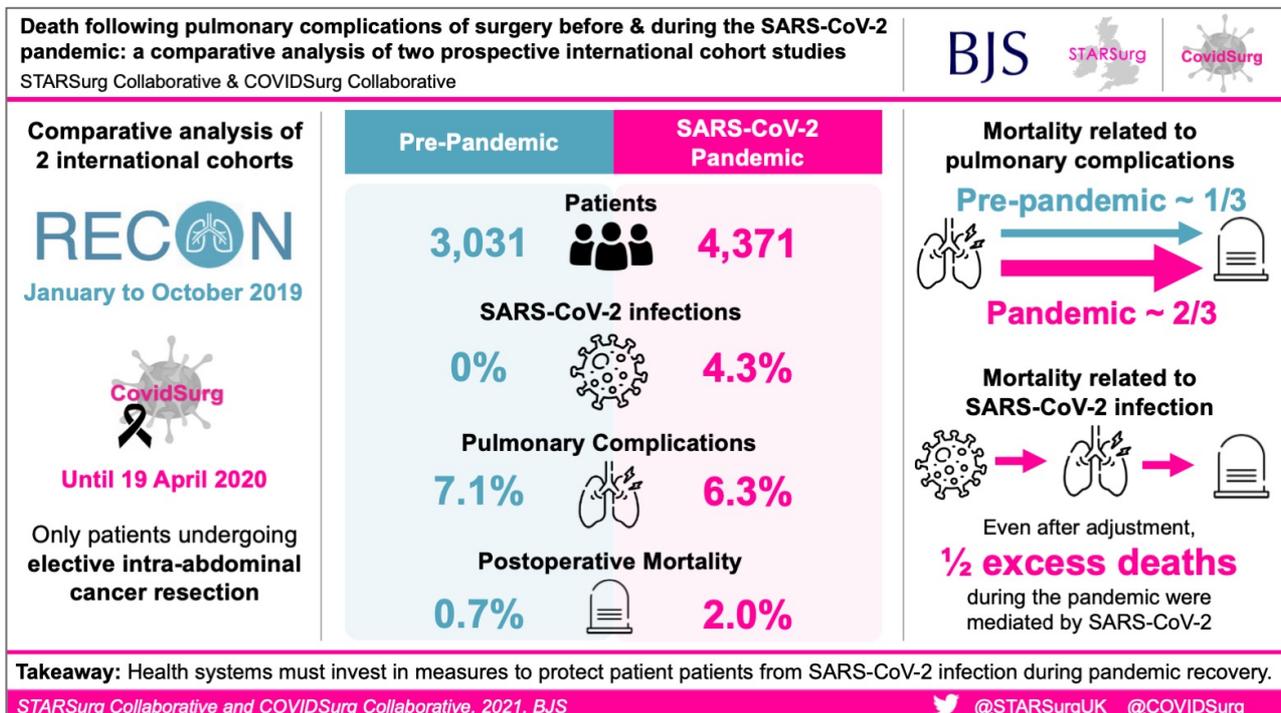


The RECON (REspiratory ComplicatiONs after abdomiNal surgery) study was a prospective multicentre international audit designed and led by STARSurg in the United Kingdom ran from January to October 2019. This was looking to explore the common complication of postoperative pulmonary complications (PPCs) following major abdominal surgery.

The [first manuscript](#) based on the RECON dataset was published on August 12, 2021 in the PLOS One journal and was collaboration between STARSurg and the NIHR Global Health Research Unit on Global Surgery. The study explored the potential cost-effectiveness of administering preoperative chlorhexidine mouthwash versus no-mouthwash at reducing postoperative pneumonia among abdominal surgery patients.

We're delighted to announce that now the **second manuscript based on the RECON dataset has been published in the BJS as open-access**. This is a collaboration between the COVIDSurg Collaborative and ourselves, and is entitled: **"Death following pulmonary complications of surgery before and during the SARS-CoV-2 pandemic"**.

This study was a comparative analysis of the two international prospective cohort studies: one before the pandemic (**RECON**) and the second during the SARS-CoV-2 pandemic (**COVIDSurg-Cancer**). It is the first study able to directly compare death after pulmonary complications of surgery before and during the pandemic, including both the direct effect of SARS-CoV-2 and the collateral impact of the pandemic on the safety of elective surgery.



UPDATE ON PUBLICATIONS

Academic Surgery Evenings

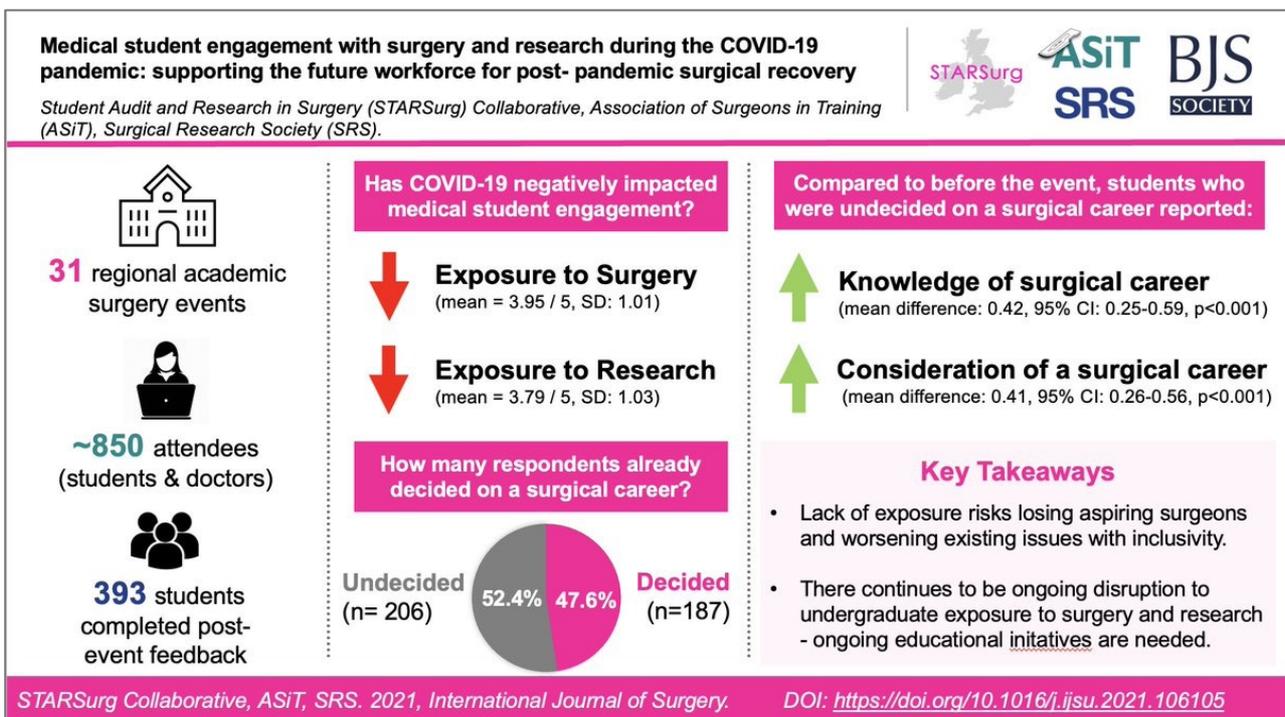
In 2021, STARSurg, Association of Surgeons' in Training (ASiT), and the Surgical Research Society (SRS) delivered **31 regional events** to promote academic surgery to **~850 attendees**. As expected, feedback showed that COVID-19 had a drastic effect on students' experiences within surgery & research, at a time where surgery and academia are already struggling with inclusivity.

We published our feedback findings in a [research letter](#) to the International Journal of Surgery. We showed the value of educational initiatives to support medical students during the pandemic, especially encouraging those undecided on a surgical career to consider one. We suggest that a continuation of accessible events/resources are necessary in order to help support students in these ongoing challenging times.

Such resources we would recommend are:

- [STARSurgUK](#) INCEPT elearning (<http://incept.ac.uk>)
- [ASiTofficial](#) / [SocSARS](#) "Preparing for a Career in Academic Surgery" podcast
- [BJS](#) Academy & [YoungBJS](#)

Please find the summary of our other findings below:



MODULE TEASER

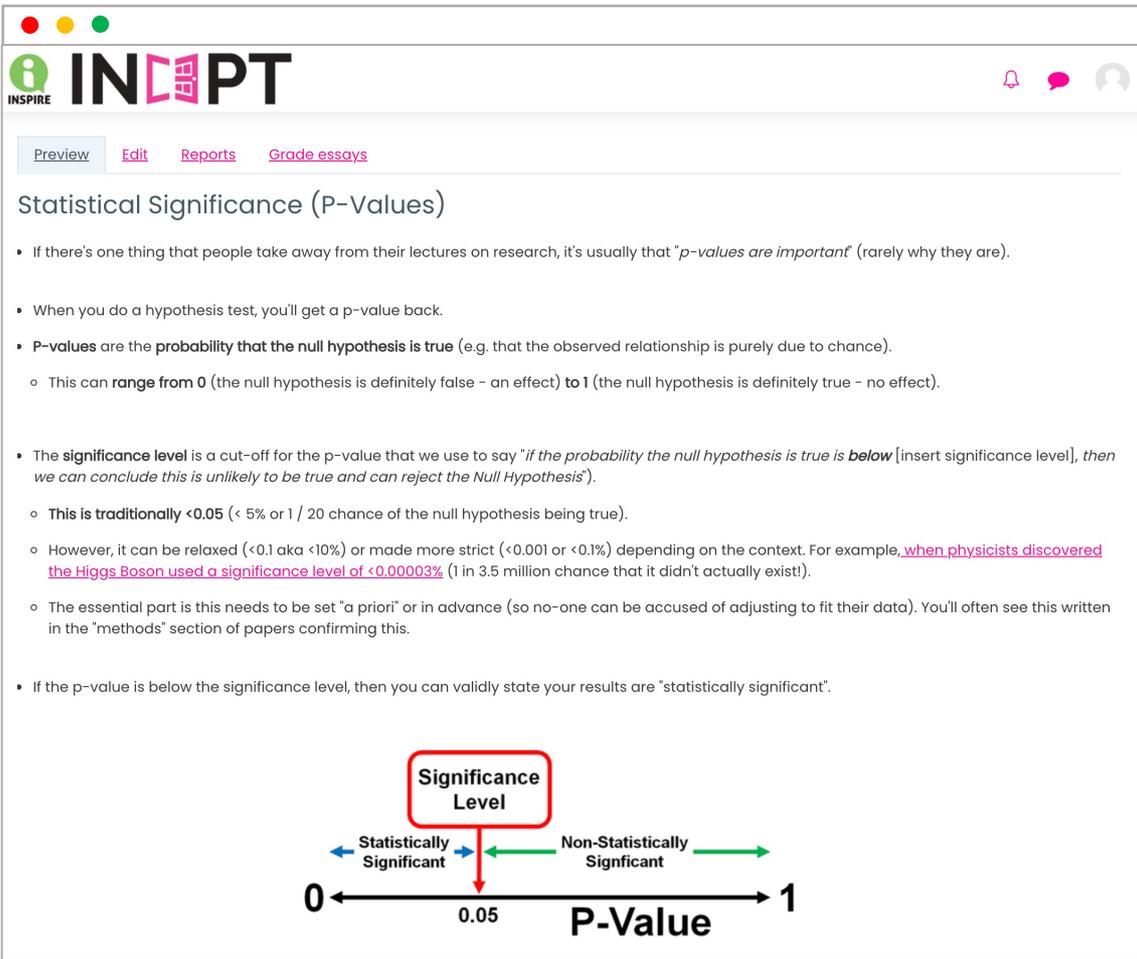
INCEPT: Significant Statistics

As medical students and clinicians, we're expected to be statistically-literate and able to both perform and interpret statistical results published (at least enough to be able to inform our own practice or explain to a patient).

However, statistics are rarely taught with a clinician in mind - often you'll be bombarded with technical language and formulae that only serve to alienate people. Even qualified clinical-academics don't need to know what the "central limit theorem" is to be able to run a t-test.

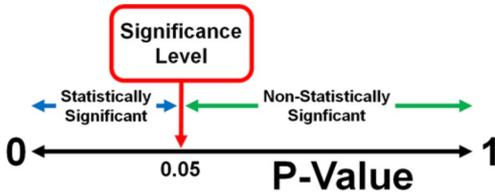
This is easier said than done, but the good news is that most research rarely goes much beyond univariate tests (T-tests / chi-squares) and regression models. In our Significant Statistics module, we will be covering the core knowledge needed to understand statistics in research and provide guidance on how select appropriate statistical tests for the different types of data and interpret statistical results.

No matter where you are on your journey of statistical superstardom, we've got you covered! The course will provide you with the fundamental tools you need to not only understand statistics but dare we say even enjoy it... Find out more [here](#).



The screenshot shows a web browser window with the INCEPT logo (INSPIRE INCEPT) in the top left. Below the logo are navigation tabs: Preview, Edit, Reports, and Grade essays. The main heading is "Statistical Significance (P-Values)". The content includes a list of bullet points explaining p-values and significance levels. A diagram at the bottom illustrates the significance level as a point on a p-value scale from 0 to 1. A red box labeled "Significance Level" is positioned above a red vertical line at 0.05 on the scale. To the left of 0.05, a blue double-headed arrow is labeled "Statistically Significant". To the right of 0.05, a green double-headed arrow is labeled "Non-Statistically Significant".

- If there's one thing that people take away from their lectures on research, it's usually that "*p-values are important*" (rarely why they are).
- When you do a hypothesis test, you'll get a p-value back.
- P-values are the **probability that the null hypothesis is true** (e.g. that the observed relationship is purely due to chance).
 - This can **range from 0** (the null hypothesis is definitely false - an effect) **to 1** (the null hypothesis is definitely true - no effect).
- The **significance level** is a cut-off for the p-value that we use to say "*if the probability the null hypothesis is true is below [insert significance level], then we can conclude this is unlikely to be true and can reject the Null Hypothesis*".
 - This is **traditionally <0.05** (< 5% or 1 / 20 chance of the null hypothesis being true).
 - However, it can be relaxed (<0.1 aka <10%) or made more strict (<0.001 or <0.1%) depending on the context. For example, [when physicists discovered the Higgs Boson used a significance level of <0.00003%](#) (1 in 3.5 million chance that it didn't actually exist!).
 - The essential part is this needs to be set "a priori" or in advance (so no-one can be accused of adjusting to fit their data). You'll often see this written in the "methods" section of papers confirming this.
- If the p-value is below the significance level, then you can validly state your results are "statistically significant".



0 ← Statistically Significant → 0.05 ← Significance Level → Non-Statistically Significant → 1
P-Value

TOP TIPS TO A SURGICAL ELECTIVE



By Isobel Trout | @isobeltrout

Going on an elective is one of the highlights of medical school for many students. With many aspects to think about, from location to funding, here are some top tips to get you started:

1. What do you want to get out of it?

- ☑ Think about whether you want to use this opportunity to build contacts in a future place of work, get work experience with the best in the world, or experience the challenges of delivering care in a resource-poor environment.

2. Get inspiration

- ☑ Ask older students in your surgical society where they've been, speak to surgical trainees on placement, and check out sites like The Student Room (ask for the contact details of the elective coordinator at the hospital they went to!) or the [Elective Network](#).

3. Apply Early

- ☑ It's never too early to think about organising your elective - some South Africa trauma centres require applications 12-18 months in advance! If you want to do a popular elective like this, get organised to avoid being disappointed. The good news is that the vast majority of centres will consider students with a few months notice.

4. Land your dream elective

- ☑ Large teaching hospitals might have formalised application processes requiring references and registration fees, but you can bag yourself a stint at some smaller hospitals just by emailing the relevant person (this can sometimes be tricky to find - it might be a doctor or clinical supervisor or a member of the admin team).

5. It doesn't have to cost the earth

- ☑ Flights, fees, visas and accommodation all add up. The good news is that there are loads of [elective prizes available](#) (think about applying for these early though!).

6. Have a back up

- ☑ Hopefully electives abroad will be able to go ahead this year but it's probably a good idea to organise a UK-based back-up just in case. You could even use this as an opportunity to try out living in a new area you'd consider for FY1/2.



EXPERIENCE OF BEING A COLLABORATOR & REGIONAL LEAD



By Alisha Jaffer | @ajaffs

My experiences in collaborative research have allowed me to explore various parts of the process, including being the regional lead at University of Limerick as well as collaborator on a GlobalSurg project.

I firmly believe it is important to bring the skills that you already have to the table and then build on them. Below are my three key takeaways from participating in collaborative research:

1. Communication

E-mail writing is shockingly a delicate artform. I liken it to ISBAR communication in the hospital -- identification, situation, background, action and request. Who are you? Why are you e-mailing this person? What attributes of your project warrant a reply? And most importantly -- WHY should they reply? Ensure you have a very clear call-to-action in your e-mail. My experiences have taught me that using a call-to-action to take an e-mail introduction into a quick phone call has a high rate of success, as it allows you to break the ice with a potential team member while also assessing suitability for the project.

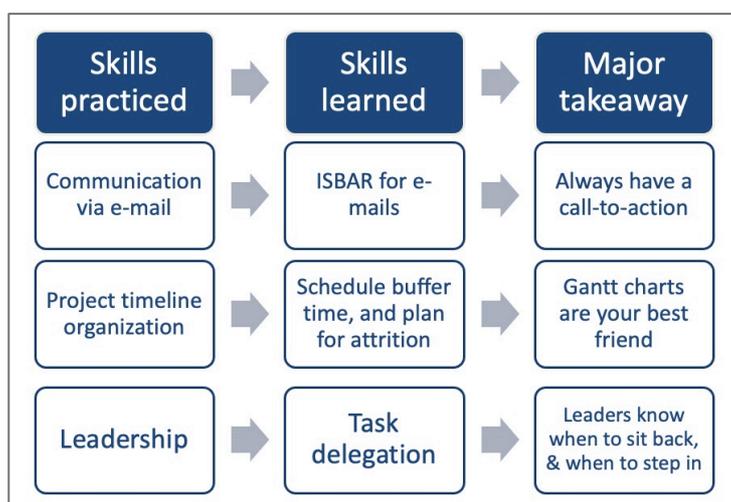
2. Project Organisation

Project timeline organization can be complex and get messy very quickly when dealing with multiple hospital sites, and multiple team members who have differing

schedules. Having a clear project timeline with due dates is a sure-fire way to keep track of different moving parts. More importantly, it is crucial to plan for buffer time with soft deadlines for your team before meeting the harder deadlines set by the study steering group. Additionally, planning for team attrition allows adequate coverage in the event of unforeseen circumstances such as illness or emergency relocation. There are a variety of Gantt chart templates, or other types of planning or timeline templates, available online. Creating a simple project timeline with important due dates and deadlines can greatly help with organization of your project.

3. Leadership

Leadership skills are always an important thing to work on while in medical school, and especially when in the research world. One of my biggest learnings these past few years is task delegation. As busy medical students, we tend to think we can do it all. In fact, it is likely a better use of time to delegate tasks to your team in a way that maximizes team efficiency and output. For example, if you find yourself to be a whiz at audit registration paperwork, then tackle that task while another team member sorts out the ins-and-outs of patient case identification. A skilled leader knows when to sit back and when to step in!



UPCOMING OPPORTUNITIES

CASCADE – Now Recruiting!



STARSurg and **EuroSurg** are recruiting collaborators for their next international audit. It's a great opportunity to gain PUBMED citable collaborator co-authorship, present results at local meetings, lead data collection at your hospital as a hospital lead, and attend national courses through STARSurg/EuroSurg. For centres across the UK and ROI please contact your [regional leads](#) for more information. And for centres across Europe please get in touch through our specific CASCADE email - cascade.audit@gmail.com.



YoungBJS



This is a new community of early-career researchers with enthusiasm for surgical academia. The ethos is aligned with that of the BJS (British Journal of Surgery) with a mission to promote excellence in clinical and scientific research. Specific goals of the group will be to network, educate, and innovate in surgical publishing on a global scale. Enthusiasm is all that is required so if you have that in spades, send your name, institution (Uni or Trust), career stage and specialty interest (if you have one!) to admin@youngbjs.org. Check them out on [Twitter](#) for more info!

RCSEd – The 20th RCSEd QI & Audit Symposium 2022



The aim of this event is to allow trainees at all levels the opportunity to present their QI and Audit work through Oral or Poster Presentation. Abstract submissions topics; General Surgery, Trauma & Orthopaedic, Specialties & Common Interest, and Patient Safety.

Topics for submission; General Surgery, Trauma & Orthopaedics, Specialties & Common Interest and this year, for the first time, we have added Patient Safety.

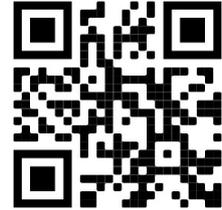
Date: 25th March 2022 | **Location:** Edinburgh | **CPD accredited:** 6 hours
Deadline for submission: **5pm on 13 December 2021**, find out more [here](#).

UPCOMING OPPORTUNITIES

CATCH



Clinical Academic Training and Careers Hub (CATCH) was launched in early October to support clinical academic journeys of all interested. One of the resources you will find there is INCEPT, a platform developed by us, supported by INSPIRE and British Journal of Surgery, and endorsed by The Medical Schools Council.



Click [here](#) or scan the QR code to check it out.

ASiT Conference (Abstracts Open)



ASiT International Surgical Conference 2022 is now open for registration! The conference will be held in Aberdeen from 4th - 6th March 2022 and provides medical students and surgeons from all grades the opportunity to network with colleagues from all surgical specialities, hear the latest updates in clinical practice and training issues and find out what the future holds for surgical training.



For more information on registration and abstract submission [click here](#) or scan the QR code.



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