

### Reconstructing LIVES. Rebuilding FUTURES

Dear Colleagues

Welcome to the May edition of the BFIRST newsletter. It has been an exciting few months since the beginning of 2019 with trips to Cambodia, Kenya, Myanmar and Nepal. Please do take a look at some of the project reports as well as reports from trips last year including Tanzania.

BFIRST continues to grow, both in terms of the number of projects and also its activities. We congratulate the BFIRST fellows who have successfully completed their fellowships and will be looking forward to appointing a new batch this year. These fellowships continue to be incredibly popular and regrettably we have to turn down quite a few each year. Hopefully with more collaborations, we would be able to increase the number of sponsored fellowships. We are ever so grateful to the different units who have volunteered to host these fellows.

As a charity, we continue to take fundraising seriously and were delighted with the huge response to sponsor George Winkley in the London marathon. If you are participating in any sporting events, please do consider BFIRST as your official charity!

At the BAPRAS Summer Scientific Meeting we will be hosting an 'Overseas Session' where we address key questions pertaining to overseas work. Please do come and join us and participate in group discussions.

Finally, I would like to inform you all that we have a new BFIRST Chairperson who will be taking over from me at the end of this year! We are delighted to welcome Sarah Tucker to take over the reins and look forward to her leadership and wisdom.

Have a great summer!



Wee L Lam, Chairman  
BFIRST



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# DHAKA, Bangladesh

Barbara Jemec, Julie Jones and Rob Staruch

11-17 January 2019



## Improvement in the Acute Treatment and Rehabilitation of Electrical Hand Burns

In January 2019, BFIRST returned to Dhaka Medical College Hospital to undertake specialist training in tendon reconstruction, further work on implementation of hand therapy and to further the data analysis of electrical burns especially in the upper limb, supported by the International Project Grant, from the Royal College of Surgeons of England. Barbara Jemec was joined by Julie Jones, Senior Hand Therapist from Edinburgh, and Rob Staruch, Plastic Surgery Trainee.

At the time of their visit, the unit, which officially had 100 beds, had over 600 inpatients, of which the vast majority were burns patients. The surgical day would commence at 8am with a departmental meeting, where Residents would present the previous days' operating and new patients. The surgical Chiefs would then discuss the patients' management as well as teach the residents on potential surgical reconstruction. BFIRST was given this time slot to deliver specific teaching and case-based discussions, which was previously highlighted as the most effective method for teaching. The lectures were followed by practical sessions, and a tendon reconstruction workshop was organised using rope to demonstrate the Pulvertaft weave tendon repair.

Julie Jones led hand therapy and splinting sessions for doctors and physiotherapists. There were only four therapists attached to the department, who were grossly overworked and none had any formal training in hand therapy.

Using local equipment and supplies brought from the UK, Julie was able to demonstrate the principals of hand mobilisation after surgery and simple splints that can be made on demand to help support hand rehabilitation.

Julie Jones teaching local delegates in a hand therapy session



Julie Jones teaching local delegates in a hand therapy session



Significant cases of electrical hand burns requiring tendon reconstruction were identified and prepared for surgery, so that Barbara Jemec could supervise the local trainees undertaking the procedures. These included swan neck and boutonniere deformities, sural nerve grafting, tendon transfers, tenolysis, and perforator flaps for soft tissue defects. The patients would then undergo the required hand therapy under the supervision of Julie Jones and the local doctors, to highlight the power of correct splinting and early effective mobilization. Julie would apply splints and discussed rehabilitation regimens with the local therapists and doctors, on a daily basis. She also prepared templates for splints and gave written instructions to the local physiotherapists.

Robert Staruch and Julie Jones attended ward rounds with the local surgeons to get a greater understanding of the challenges faced with their patients. It also allowed an opportunity for the local trainees to talk about the differences in patient care, new techniques in plastic surgery and exchange their own specific surgical cultural experience.

With the grant from the Royal College of England, BFIRST were able to gift the Dhaka Medical College Hospital £1000 worth of durable splinting material and £1000 worth of Dermatome blades.



From left to right  
Ass Prof Nurunnahar Lata, Prof Noazesh, Miss Barbara Jemec, Dr Sen, Prof Kalam.

# NAIROBI, Kenya

Paul McArthur, 14-15 March 2019



## Congenital Hand Surgery Workshop

Facilitated by BFIRST & KSPRAS

After attending the BFIRST Ball fundraiser in November of last year I was so impressed with the work of BFIRST that I accepted a kind invitation from the committee to become involved in the overseas work.

The invitation was to contribute to the Kenya Association of Plastic, Reconstructive and Aesthetic Surgeons (KAPRAS) in delivering a two day workshop on the subject of Congenital Hand Surgery. After discussion with Dr Angela Muoki, Plastic Surgeon in Nairobi a programme was agreed and on the 14th March we gathered in the KAVI Boardroom of Nairobi University, at Kenyatta National Hospital to commence the programme.

The programme was facilitated by Prof Khainga, Head of Plastic Surgery and attended by the President of KAPRAS Dr Wanjeri and the Chair Of Surgery Dr Kibui. The participants included consultants in plastic and orthopaedic surgery, registrars (residents) and a mixture of other juniors and medical students – one from Manchester on her elective!

The day began with a series of presentations by the residents on the various congenital hand presentations follow by a commentary by myself and healthy discussion. The afternoon followed with effectively a pre-op clinic with review of the selected patients for the next day's operating list. This allowed for further discussion in particular as to the rationale for surgery and the reasons for the procedure selection.

The following day began with an introduction by Prof Khainga to the Principal of the College of Health Sciences, Prof Machoki and consideration of future developments with in the Plastic Surgery Department together with possible collaborations.

After tea in the hospital café we began the operating list. All the cases operated on received great attention from all the assembled surgeons. Discussion continued throughout and after each case with a refreshing eagerness to learn and contribute, all conducted within a relaxed and enjoyable atmosphere.

At the end of a long day we retired to a restaurant for a formal dinner – organised by the ever-smiling Winnie. The dinner was hosted by Dr Wanjeri who gave an after dinner speech congratulating all on a successful two days before the presentation of certificates to participants and a generous (but unnecessary) gift to myself.



The Plastic Surgery Team in Kenya is currently small in number but I believe the department has the leadership, enthusiastic resident programme and the desire to grow and expand. I believe this will happen not just within the field of congenital hand but in the wider scope of the speciality.

I must also extend my thanks to the children and parents who entrusted their children into our care for the two days. I would like to extend my gratitude to the theatre staff who, patiently and professionally welcomed so many of us to their theatre.

Finally, to Dr Ken Aluora thank you for enthusiasm, friendship and driving!



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The experience, for me was extremely enjoyable and educational. I am grateful to KSPRAS, BFIRST and the team at Kenyatta National Hospital for the opportunity to meet such an enthusiastic group of surgeons.

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## HANOI, Vietnam

Simon Kay, Rob Bains and Sarah Taplin, 23 November 2018

The Leeds team, Professor Kay, Sarah Taplin and Rob Bains, visited Hanoi for the third time this year with the aim of assisting the development of the local brachial plexus, peripheral nerve and children's hand service.

Dr Nguyen Ha and Dr Huyen Tran have continued to develop the service since our last visit are performing primary plexus reconstructions as well as secondary surgery, including free functional muscle transfer. They have also travelled abroad to further develop their experience with Dr Tran visiting us in Leeds in April and spending time with Raja Sabapathy in India. Dr Ha has visited the team at Toronto Hospital for Sick Children.

We arrived in Hanoi over the weekend and as previously started the week at the morning acute meeting at the hospital. Here we were introduced to the rest of the hospital staff at the end of the morning presentations.

We met heads of some of the other departments in the hospital and were present for the national teachers day ceremony where the new intake of juniors present a gift of flowers to each of the senior doctors.

The remainder of the first day was spent in clinic and we reviewed over 120 new and follow-up patients. The hospital advertises our visit ahead of time and people travel from all over North Vietnam to be seen in the



clinic. It was also apparent on this occasion that a large number had travelled from across the border in neighbouring Laos. Each patient was reviewed with members of the

local team acting as translators and a management plan formulated. As previously the caseload consisted of adults with brachial plexus injury from motorcycle accidents, babies with obstetric brachial plexus injury and a children with congenital hand conditions of all types.

Patients requiring therapy returned over subsequent days and were seen and treated by Sarah Taplin along with member

of the local team including the ward nurses. We had brought a number of thermoplastic splints and Sarah demonstrated splint adjustment and application. The local ward nurses greeted this with enthusiasm and came in on their days off to assist and learn some of the rehabilitation techniques.

For the remainder of the week Sarah Taplin worked on rehabilitation with the ward team and we ran two concurrent full day operating lists per day. We



were assisted by the local team and performed much of the surgery in conjunction with them. We performed several operations for group 4 obstetric brachial plexus injury with nerve grafting, intercostal nerve transfers and posterior approach accessory to suprascapular transfer amongst the techniques. Other cases included functional gracilis transfer in a child, endoscopic phrenic nerve dissection, latissimus dorsi transfer for external rotation and trapezius transfer for shoulder abduction.

We discussed future visits and what we should aim to achieve going forward. We also discussed the possibility of more focused visits in the future with themes such as tendon transfer identified by the local team for development. We plan to

explore more regular visits and possibly expansion of the visiting team.

We feel that this has been the most successful visit to

date. We are now getting a feel for the requirements of the local team for development and we have built on our relationship with them. We have found it easy to review and discuss cases as well as operating with the local surgeons. It is clear that they have significant baseline skills and enthusiasm to learn and they have demonstrated acquisition and implementation techniques with good results.



Patients for surgery were assigned priority on a three-point scale. The local team decided who was listed for surgery based on clinical priority and their learning requirements.



# Dar es Salaam, Tanzania

Stephen Hodgson, Naveen Cavale and Wee Lam

09 - 12 December 2018

BSSH and BFIRST are committed to collaborating together to build on their existing overseas work by expanding the number of projects in low to middle income countries. This report describes an initial scoping visit undertaken by the above surgeons

This visit was initiated by Megan Whittaker, Specialist Trainee in T&O whose parents have lived in Tanzania for the last 5 years. A connection was made with Dr Amaani Malima, Medical Director and Consultant Orthopaedic Surgeon at Temeke Hospital, Dar es Salaam. The project aims were to explore the potential for BSSH and BFIRST supported educational projects in Tanzania and to deliver a three day educational course covering a wide range of topics to local surgeons.

Temeke Hospital is one of three District Hospitals in Dar es Salaam serving a catchment area of approximately 1.5m with 300 beds and one Orthopaedic Consultant, Dr Malima, our host. Most initial trauma care is delivered in local



clinics with major trauma being referred to the District Hospital. Most hands on trauma care is delivered by registrars. After smooth passage through the airport we were accommodated in a clean, safe hotel near the hospital. The educational programme was delivered to a group of local specialists, trainees and generalists and one therapist. The group was mainly from a T&O background though supported by Dr Ed Wayi, Consultant Plastic Surgeon, Tumbi Hospital. Teaching consisted of lectures, discussion groups and a wide range of local clinical cases.

Feedback was very positive from the over 20 delegates. During our stay we were shown around the facilities at Temeke Hospital including the wards and two operating theatres helping to form a view as to the trauma case mix and the challenges faced dealing with that with fairly scarce resources and equipment. At the end of day 3 we met with the two senior surgeons to further understand the local educational needs and how they be best met by BFIRST and BSSH.





### **Next steps**

It was agreed that the main local educational needs are soft tissue cover for open fractures and burns contracture management. The plans for 2019 will be to deliver educational visits including lectures, discussion groups and possibly some demonstration surgery on those topics. BFIRST will deliver the former and will be supported by BSSH on the latter. It was agreed that education on hand and wrist fracture management will be better suited to year 2 or 3 of the project.

Overall this was a successful visit confirming the real potential for BSSH



and BFIRST to support the development of surgical practice in Tanzania. It further confirmed the need for education of local surgeons and their teams and the benefit of collaboration between BSSH and BFIRST. It was a good starting point for a project that will need long term commitment and clear strategic goals.

# Phnom Penh, Cambodia

Mai Rostam, Gill Smith and Wee Lam, April 2019

I recently had the opportunity to travel to Cambodia with BFIRST president Wee Lam, Gill Smith from Great Ormond St Hospital and a team of international surgeons. The aim of the mission was to visit a children's hospital in Phnom Penh and do as much as we could over a three-day period. The team was quite diverse and the group included congenital hand surgeons, brachial plexus and lower limb specialists.

The first day was intense to say the least. At 8 am we walked through the waiting area, which was already filled with patients waiting to be seen. Some of them had been waiting for hours and some had travelled for days from remote villages just to be assessed. When the seats ran out they sat on the floor and when the floor became too crowded they milled about outside.

The local team have lined up cases that they think would benefit from our surgical expertise. There were a few syndactyly releases, a free functioning muscle transfer for a brachial plexus injury and some burns contracture releases.

There were four operating theatres, which in reality was one large operating room

that was cordoned off into three sections by Plexiglas dividers set up down the middle of the room. You could walk freely between the three sections and you could see what was happening in each area. The fourth theatre was a small separate space, which had possibly been converted. The setup, although slightly alien, was extremely efficient. If anyone needed help they could call a friend from the next area and it was great for teaching as you could watch multiple operations simultaneously.



In the three days that we were there we performed about twenty operations of varying difficulty and we assessed around fifty patients for possible future interventions. The most difficult part for me was seeing the disappointment on the faces of the patients that were told there was nothing we could do further on this occasion.

By the end of the trip everyone was exhausted yet strangely refreshed. Trips like this really do remind you why you became a doctor in the first place. I would strongly encourage colleagues to pursue any opportunity to travel abroad and experience a different healthcare system, it not only expands your horizons but I do believe it makes you a better doctor as well.

**Mai Rostam (BFIRST Trainee)**



Gill Smith from Great Ormond St Hospital in consultation

# Addis Ababa, Ethiopia

Neil Cahoon, Rupert Eckersley, Henk Giele & David Bodansky

27 - 29 March 2019

Following an initial 2017 visit to Addis Ababa, a jointly sponsored BSSH and BFIRST cadaveric hand trauma course was run in March 2019. The course was facilitated by the Department of Plastic Surgery at ALERT Hospital and attended by almost 60 orthopaedic and plastic surgical residents over 3 days.

The course was coordinated by Neil Cahoon, plastic & hand surgeon from Edinburgh. He was joined by Rupert Eckersley (orthopaedic hand surgeon), Henk Giele (plastic hand surgeon) and David Bodansky (BSSH trainee). The course layout involved short didactic lectures on trauma hand topics followed by a discussion of clinical cases and clinical examination of live patients with traumatic hand and upper limb injury.

The cadaveric component of the course took place on the 3rd and final day of the course at Aabet Hospital. Residents had demonstrations of upper



limb approaches, common soft tissue flap reconstruction options and nerve/tendon harvesting techniques.

I would like to take the opportunity to thank the plastic surgical staff at ALERT hospital, especially Dr Abraham Neguisse for arranging the venue, catering and finding trauma patients for the group discussions. Rupert, Henk, David and I really enjoyed the experience of teaching some really enthusiastic and knowledgeable residents and are grateful for the warm hospitality shown by our Ethiopian surgical colleagues.

We have discussed future plans to run another cadaveric hand course concentrating on more elective topics in 2020/2021.

**Neil Cahoon**



Morning didactic lectures



Cadaveric dissection - flap demonstration prior to practice

# Fellowship Report

Afrina Sharmin, Bangladesh



## Experience and Learning

My BFIRST fellowship was a great opportunity for young plastic surgeons from a developing country who can offer better changes in the existing management. While acquiring the experience on advanced patient management system, technological upgradation and uses of precise equipment, it made me very optimistic for engaging myself to create some good impact in our country. I have 6 weeks as an observer at the Royal Free Hospital in the Breast Oncoplastic and Reconstructive surgery unit and Hand surgery unit.

I'd like to thank BFIRST for accepting me for this fellowship and Ms Barbara Jemec to introduce me to the whole Breast team and Plastic surgery team. All the staff were very welcoming and interactive. During our academic period we learnt all the protocol and procedures of treatment but in practical some management change as per availability of resources. It's a great experience to participate the standard management guideline in terms of surgery, pre and peri operative management, outdoor clinics, MDT clinics. In my entire training session I realize the best of part of learning practically. The training will help me to be determinant for taking some initiatives home to develop a standard and guideline. The standardization will

help all the surgery department to achieve good practice as well as best outputs.

Regarding surgical skill, I found all the surgeons took initiatives for modifying the techniques and sharing through various form of research or workshop training which really helped to achieve the best level of precision. The team and hierarchy of leading was so friendly, which helps the juniors to learn and perform in the team. This the thing that I can start in my theatre.

With this fellowship training, I was fortunate to attend two conferences. One in Manchester with 'Congenital Hand Surgery and Tumour' arranged by BSSH on 1-2 February, 2019 and other one was at Oxford, 'Oxford Oncoplastic Breast Surgery Course 2019' on March 21-22, 2019. It was so helpful for me to understand the learning which was presented in the session, specially the hands on training on silicon dummy. The resource persons and delegates from different hospitals of UK and Europe



shared their experiences and views which was very practice oriented.

I am so inspired from the conference learning and from now I will try to participate the conferences further to share my work experiences also.

Taking part in the BIFIRST Fellowship was a great experience in all aspects and it enabled me to acquire skills that will certainly be used. It is my privileged to work with renowned surgeons in UK and would like to express my humble gratitude to BIFIRST

for the fellowship training and opportunities where doctors



from under developed countries can visit UK and learn from experience. I strongly believe I will be able to utilize the learning and try to set a Breast cancer treatment guideline for our country which will be the first step to improve the patient care. I would like to commend BIFIRST for creating opportunities for Bangladeshi surgeons to acquire hands on training experience. These training experiences will significantly help to the Patients.



# A Partnership of Equals

Chris Hill & Yasir Iqbal

## Chris - BFIRST Affiliate

I am a consultant plastic surgeon in Belfast with a special interest in cleft lip and palate. For the last seven years I have supported a BFIRST affiliated project in Gujrat, Pakistan. This link was set up by another UK-based charity, OPSA many years ago. I travel to Pakistan as part of a team and we work at the cleft hospital in Gujrat. The aim of the project is to support the development of a multidisciplinary approach to cleft care in Pakistan, and to forge links with local consultants and trainees to teach and train and exchange ideas and knowledge.

I am fortunate to have worked with two excellent local surgeons, Mushahed Aslam and Yasir Iqbal, and we have operated together on difficult cases and exchanged techniques and learning. Mushahed is a senior surgeon and has a vast experience in dealing with palatal fistulas which fortunately in the UK due to the centralization of services and reduced numbers of surgeons are infrequent and usually very minor. The multidisciplinary approach to cleft care is not the general rule in Pakistan and the cleft hospital is one of the few places that can offer the spectrum of care required for a better guarantee of good outcomes.

I met Yasir Iqbal three years ago, he was a newly appointed consultant in Rawalpindi and worked in Gujrat at



weekends and when we visited. He brought a new enthusiasm and was keen to see new techniques and learn about the UK model for cleft care. He applied for a BFIRST fellowship in 2017, and was successful in his application. This allows the successful applicant to visit a plastic surgery unit or units in the UK, to attend BAPRAS courses free of charge and utilise the knowledge they have gained in their 'home' units.

We arranged his visit for September 2018. He arrived a few days before the start of his observership with his wife Hajira and we were able to visit some of the sights in Northern Ireland including the Giants Causeway. When his observership started he was able to attend a range of operating lists and outpatient clinics across a range of sub specialty areas in Belfast and was also able to attend some private operating sessions in order to see our full spectrum of work. He was also able to attend an "all Ireland" cleft audit meeting with my other cleft colleagues Chris Theopold (who also visits the cleft hospital in Gujrat regularly), David Orr and Eoin O'Brien. He also attended a Hand surgery course in Birmingham

and the BAAPS annual meeting. He then flew to England and visited Muhammad Riaz in the Hull plastic surgery unit and visited the Newcastle unit. He finished his trip with attendance at the BAPRAS advanced educational courses on cleft, ear reconstruction and vascular anomalies in Manchester.

Yasir stayed with me and my family for much of his time in Northern Ireland and I am grateful to my local colleague Abid Rashid and Muhammad Riaz in Hull for accommodating him during his time in the UK. During free time he was able to travel in the UK, and visited London, Edinburgh, the Lake District as well as

the units mentioned. I am very grateful to all my senior and junior colleagues and BAPRAS members in other units who extended their hospitality and enthusiasm for our speciality. In addition to his travel opportunities I was also able to take Yasir kayaking, which was a new experience for him which I believe he relished.

BFIRST offers a fantastic opportunity for me and trainees who have travelled with me to gain knowledge and insight from a different perspective. I have learnt as much as I've taught on my visits to Gujrat.



The opportunity that BFIRST offers cannot be underestimated. We have an enviable health service and excellent training which many of us (both doctors and patients) take for granted. It is a pleasure and a privilege to be able to share some of the fantastic training that I received with colleagues from developing countries.



# Yasir

Nature has formed diversity in each aspect of its creation. Life is the most complex thing and among living things, human is the masterpiece of God's creation. Although mankind shares common features, individuals are also different in all physical and mental aspects. Where advancement in science has made this world small, it also has divided earth in zones where some areas are more advanced with good facilities to diagnose and treat different diseases and other areas where people are still struggling for basic necessities of life like food and water. A doctor living in such a country cannot know or practice all treatment modalities being done in advanced countries unless he or she gets an opportunity to know and see them.

Being a plastic surgeon, I always try to think of different reconstructive options for my patients with congenital and post traumatic problems. Working with limited resources, I was unable to visualize beyond a limit until I visited UK as a BFIRST fellow. BFIRST's fellowship programme trains young consultants from developing countries. During my visit I worked in different hospitals and with different consultants. It was a great

opportunity for me to observe best protocols they made for patient's safety and how differently they think and what different options they use to serve mankind. One more great benefit a BFIRST fellow can get is to attend and participate in international conferences and workshops which otherwise is almost impossible for him with limited resources.

After getting this valuable experience, my vision is now much broadened. I now know the standards and how protocols effect patient's management. How research work can help improve treatment and how can we use available and latest technology for the benefit of needy people.

I could not find any flaw in this programme but there is always a chance of improvement in any work which can be done with critical feedback. My consultants were very welcoming and friendly to me especially Mr. Chris Hill and Mr. Muhammad Riaz took great care of me and kept me at their own homes but I think residence is a big issue for fellows and maybe BFIRST can arrange some residence for visiting fellows. I suggest increasing funds for this program to increase fellowship slots. This will indirectly serve mankind living in different parts of this world.





# London Marathon

Emma Brighton, 28 April 2019



A final huge THANK YOU to all who donated so generously in support of BFIRST in this year's London Marathon. Our lovely volunteer, George completed the iconic London route in a very impressive 3:08:19 to raise money for the education and training of plastic surgeons in developing countries.

The current amount raised stands at £1,712.00 with some final donations still to be received. If you would like to make a last-minute donation, it's not too late! Simply head to the website below:

<https://uk.virginmoneygiving.com/charities/bfirst>

If you would like to take part in an event to help raise money for BFIRST, please get in touch. It doesn't even have to be a sporting event – we're grateful for volunteers with all sorts of hobbies! Keep an eye out for future fundraising opportunities.



# Overseas Day 2019

Viet Duc Hospital 19 - Rob Bains 23 November 2018



## 3rd Overseas Day Symposium

Royal College of Surgeons of Edinburgh  
13 September 2019

Following the success of last year's meeting, BFIRST have once again teamed up with the British Society for Surgery of the Hand (BSSH) to organise the 3rd Overseas Day Symposium.

This event will take place on 13 September 2019 at the Royal College of Surgeons of Edinburgh and is open to anyone looking to get involved with Plastic or Hand Surgery in developing countries.

Those interested should visit <http://www.bfirst.org.uk/overseas-day-2019/> or contact the BSSH Secretariat at [secretariat@bssh.ac.uk](mailto:secretariat@bssh.ac.uk)



# BFIRST Trainees Update

Matt Fell, Trainees Committee Chairman - 30 April 2019

With a new committee elected in January 2019, the BFIRST Trainees have been busy and active all around the world.

## **Trainees in Projects Abroad**

Trainees are now an integrated part of BFIRST projects overseas and are playing important roles including the organisation of teaching and collecting data for research and public engagement. So far this year, two trainees have accompanied BFIRST overseas projects including Rob Staruch in Bangladesh and Jill Baker in Myanmar.

Please see our website (<http://www.bfirst.org.uk/get-involved/trainees>) for ideas and guidelines regarding trainee involvement overseas.

## **Trainees at Global Surgery Conferences**

With the appetite for global surgery increasing, BFIRST Trainees are keen to be at the heart of the discussion. Emma Pedlar will be representing BFIRST Trainees in Canada this summer at the Bethune Round Table Global Surgery Conference and presenting her work performed in Myanmar. BFIRST Trainees will also be hosting global surgery sessions for trainees at the Summer BAPRAS Conference on Wednesday 28th June and at the BSSH/BFIRST Overseas Day 13th September so please come along and get involved.

## **Get involved in educational webinars**

The zoom platform has opened up opportunities to share ideas and discuss concepts relating to Global Reconstructive Surgery. BFIRST Trainees have helped to launch the BSSH/BFIRST Hand Surgery Webinars, which have been a huge success. BFIRST Trainees will be launching its own webinar series for UK Trainees who want to get involved in Global Reconstructive Surgery. Watch this space for these to be advertised in the coming months.

## **Medical Student Committee**

The BFIRST medical Student Committee has launched this year, chaired by Terouz Pasha. The committee has had a flying start, setting up regional representation across UK medical schools and surveying UK medical students to assess their appetite for Global Surgery. If you are a medical student and want to get involved please email [bfirstmsc@gmail.com](mailto:bfirstmsc@gmail.com).

# Medical Student Report

Terouz Pasha and Eleanor Lumley, Chair and Vice Chair of the BFIRST Medical Student Committee @TerouzP @eleanorlumley

For the first time ever, BFIRST has formed a medical student committee chaired by Terouz Pasha and vice-chaired by Eleanor Lumley. The medical student committee, created earlier this year in January 2019, is young in its inception but we are thrilled to have joined the wider BFIRST family and have already been busy creating ideas for innovative ways to increase medical student involvement in BFIRST and overall awareness of global surgery.

As medical students, we have many skills and interests but are often limited in how to channel our enthusiasm into something meaningful that has impact. Thus, our small but passionate committee has set out to create opportunities for medical students in order for them to engage, educate and perform research within the field of plastic reconstructive and global surgery. We constructed a questionnaire, with guidance from trainee lead Mr Matt Fell and Ms Barbara Jemec, which aimed to identify the educational needs and experiences of students in plastics and global surgery and identify the best way to ethically and responsibly get students involved through education and research to facilitate BFIRST's goals and expand the community.

Mr Adam Reid, Ms Barbara Jemec and Mr Wee Leon Lam have all been busy spreading the word of BFIRST at undergraduate events, The Malaysian Medics International (MMI) Society,

Scotland and Northern Ireland branch organised a fundraising open mic night on 9th March 2019 to raise funds for BFIRST, who they have now made the official charity for the year – an exciting step for both increasing visibility of the organisation amongst students and raising funds! The night, themed “beyond the four walls” was a platform for students to showcase their talents outside the hospital, whilst giving back to charity. There were a variety of entertainment performances from students and talks from doctors who have endeavoured on different and exciting opportunities outside the hospital. Mr Wee Lam had the pleasure of sharing his experiences doing medical charity work around the world with BFIRST to the students. Throughout the fun-filled night, students managed to raise about £200 for BFIRST – a huge thanks to the MMI Society for their fantastic fundraising efforts!

Mr Adam Reid was invited to talk at the ESSS Conference with the theme, ‘Surgery Through the Ages: Past, Present and Future’ by Andrew D Clelland, conference convenor of the





Edinburgh Surgical Society. He discussed the acute plastic surgical response to the Manchester bombing attacks and the long-term reconstruction and rehabilitation efforts made possible through the Manchester Institute and incredible multidisciplinary team efforts. BFIRST was also a focal point, discussing his global surgical involvement, recently in Zimbabwe, with the core goal to achieve sustainable surgical practices for local surgeons to match the local population needs. He also spoke of the fellowship opportunities, allowing LMIC trainees to gain experience in the UK to use in their practice in their home countries. Needless to say, delegates were captivated hearing the opportunities to travel abroad, whilst making a real difference as part of an exciting plastic reconstructive surgery career.

The BAPRAS undergraduate day in London was a fantastic success and an opportunity to raise the profile of the new medical student committee, demonstrating the steps BFIRST is taking to encourage undergraduate

interest. Ms Barbara Jemec held an inspiring talk on global surgery, motives behind training surgeons locally and how ultimately “It’s not about you. It’s about them”. The talk garnered lots of interests and propelled lots of the students attending to apply to our student rep scheme.



Mr Wee Lam spoke at the 1st Glasgow National Undergraduate Plastics Conference about his motivations to do plastic surgery, the intertwining of his career and global surgery and some of the ongoing projects and locations where BFIRST is involved. The response following his talk was evident that the students were in awe of the work he and BFIRST do and were very excited by the future prospects possible in contributing to global reconstructive surgery training and increasing global access to surgical care.

After these events, we were overwhelmed with the number of medical students interested in getting involved, displaying the appetite medical students have for global surgery. We look forward to working with the trainee committee and BFIRST consultants in the forthcoming year and are excited to see what the next chapter has in store for the BFIRST student committee!



If you know of any medical students in your department who are enthusiastic about global health and plastic surgery, send them our way – we are recruiting for BFIRST student reps or drop us an e-mail at [bfirstmsc@gmail.com](mailto:bfirstmsc@gmail.com) Medical students can join our mailing list to keep up-to-date with BFIRST events and opportunities for medical students – <https://tinyurl.com/y2qdoo7h>



# BFIRST

BRITISH FOUNDATION FOR  
INTERNATIONAL RECONSTRUCTIVE  
SURGERY AND TRAINING