



Cardiff MRCS OSCE Course: Surgical Anatomy and Mock OSCE

17th and 18th January 2014 Cardiff University, Cardiff









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Taught by clinical anatomists & consultant surgeons, this intensive 2-day revision course was intended to help surgical trainees prepare for the final part (OSCE) of the MRCS exam. This course was structured to: consolidate the candidate's core and applied surgical knowledge in anatomy; provide a focused revision of pertinent exam topics in this area, and; aid the candidate's aptitude to answer OSCE stations/viva questions in a systematic yet concise manner. There were interactive lectures in surgical pathology and demonstration of surface anatomy. The OSCE and mock vivas, in addition to surgical anatomy (prosections, osteology and surface anatomy covered surgical pathology, critical care and applied physiology, and relevant radiology.

Teaching format used:

Demonstration using anatomical prosections and cross-sections Small groups tutorials in osteology, topographic and surface anatomy Interactive lecture in surgical pathology Surface anatomy demonstration on live volunteer Twenty mock OSCE stations

The course was attended by 40 candidates and the feedback was overwhelmingly positive. A summary of the feedback can be found in the subsequent pages.





17th January 2014 (Friday)

0810 – 0820 : Registration; E1.03

0825 : Start of teaching

0825 – 0830 : Introduction to the format of the course; venue: Anatomy lecture theatre,

School of Biosciences - Mr S Enoch

0830 - 0910 hrs:

Lecture; venue: Anatomy lecture theatre - Mr S Enoch

• Overview of anatomy relevant to MRCS OSCE (part 1 of lecture) - Mr S Enoch (40 mins)

Candidates arrive to Dissection Room at 0915 hours

0915 – 0920 : Aprons and formation of groups

0920 – 1250 (including 20 minute break for refreshments from 1100-1120):

Small group demonstration (30 minutes per station); venue: Dissection room

- Station 1: Osteology of base of skull part 1 Ms K Konieczny/Mr S Kent/Ms K Whitcroft/ Mr KB Wong
- Station 2: Surgical anatomy of the pelvis and perineum Dr T Wilkinson/Mr R Kannan
- Station 3: Anterior abdominal wall, abdominal incisions, inguinal region and external genitalia –
 Ms L Satherley
- Station 4: Cervical vertebra, spinal cord and blood supply, meninges Mr A Miller/Mr J Matthews/ Mr G Manoharan/ Mr R Wharton
- Station 5: Pelvic bone, Hip joint, gluteal region and thigh Mr R Newell/Ms F Parkinson
- Station 6: Surgical anatomy of the scapula, clavicle, humerus, brachial plexus and shoulder Mr R Subbu/Mr N Vetharajan/Mr R Tandon

Topographical and surface anatomy will also be demonstrated. Appropriate radiographs and other imaging will be used as aids.

1250 - 1340: Lunch break; venue E1.03

1320 – 1340 (During lunch break):

Tips on passing the Exam; venue Anatomy LT

1340 – 1700 (including 20 minute break for refreshments from 1510 - 1530):

Small group demonstration (30 minutes per station); venue: Dissection room

- Station 1: Osteology of base of skull part 2; dural venous and paranasal sinus Ms K Konieczny/ Mr S Kent/Ms K Whitcroft/ Mr KB Wong
- Station 2: Surgical anatomy of reproductive organs (male and female); rectum and anal canal Dr T Wilkinson/Mr R Kannan
- Station 3: Mediastinum, upper GI tract and upper GI procedures Ms L Satherley
- Station 4: Thoracolumbar vertebrae, muscles of back, ribs and sternum Mr A Miller/Mr J Matthews/ Mr G Manoharan/ Mr R Wharton
- Station 5: Anatomy of the knee, knee joint, ankle, ankle joint and foot Mr R Newell/Ms F Parkinson
- Station 6: Surgical anatomy of the forearm and hand Mr R Subbu/Mr N Vetharajan/Mr R Tandon

Relevant osteology, topographic and surface anatomy will also be demonstrated. Appropriate radiographs and other imaging will be used as aids.

1715 - 1845:

Venue - C0.12

Applied Clinical Radiology for MRCS – Dr S Kamath

1845 – 1900 : Summary and Feedback

1900 HRS: END OF DAY 1

18th January 2014 (Saturday)

Day 2

0745 : Start of teaching

0745 - 0900 : Lecture; venue: C0.12

- Overview of anatomy relevant to MRCS OSCE (part 2 of lecture) Mr S Enoch (30 mins)
- Surface anatomy for MRCS Mr S Enoch (45 mins)

0900 – 1230 (including break for refreshments and lecture from 1030 - 1050):

Small group demonstration (30 minutes per station); venue: Dissection room

- Station 1: Neck, pharynx, larynx Mr B Stew/Mr K Whitcroft/Mr KB Wong
- Station 2: Retroperitoneum (to include lumbosacral plexus), abdominal aorta, kidneys, ureters Mr O Burdall/Mr A Powell
- Station 3: Thoracic skeleton, thoracic wall, heart and lung Ms L Satherley/Ms A Lopez
- Station 4: Solid organs Liver, gall bladder, pancreas and spleen Ms F Asprou/ Ms S Mossadegh/Mr H Staley
- Station 5: Lower leg, management of lower limb trauma, compartment syndrome, surgical approaches Mr R Newell/ Mr G Manoharan/Mr J Ward/ Mr R Wharton
- Station 6: Hollow viscus, small and large bowel, and operations Mr K Conway

Relevant osteology, topographic and surface anatomy will also be demonstrated. Appropriate radiographs and other imaging will be used as aids.

1230 - 1315: Lunch Break; venue: C0.12

1315 – 1800:

MOCK TEST AND VIVA/OSCE Venue: Dissection room and C0.12

Coordinator: Mr S Enoch

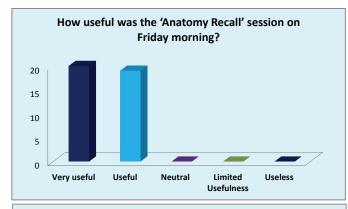
OSCE stations:

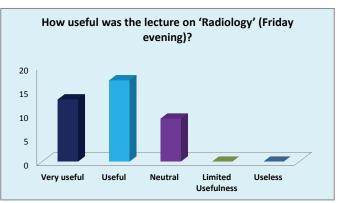
- o Head and Neck
- o Spine
- o Thorax
- o Upper limb
- o Abdomen
- o Pelvis
- o Lower limb
- o Surface Anatomy
- o Osteology
- o Surgical pathology
- o Critical Care
- o Applied Physiology
- o Radiology

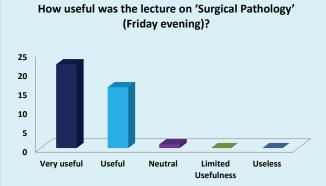
1515 – 1530 : Break for refreshments

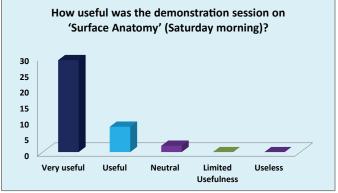
1800 - 1815 : Summary and general feedback

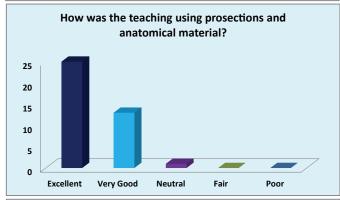
1815: End of Course!

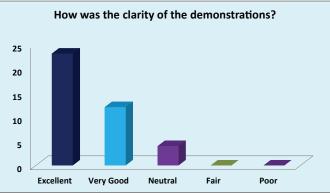


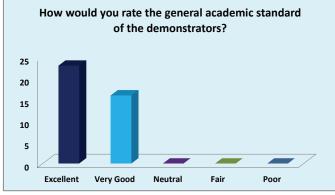


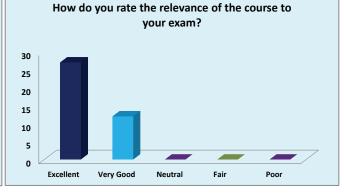


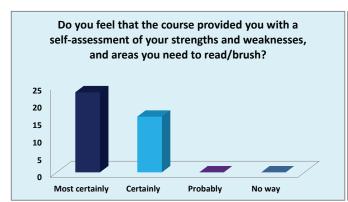


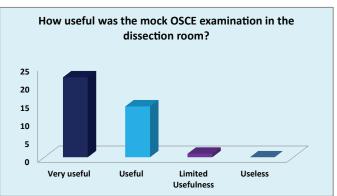


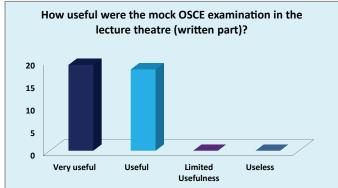


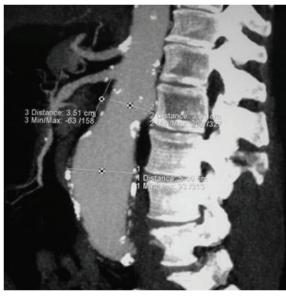




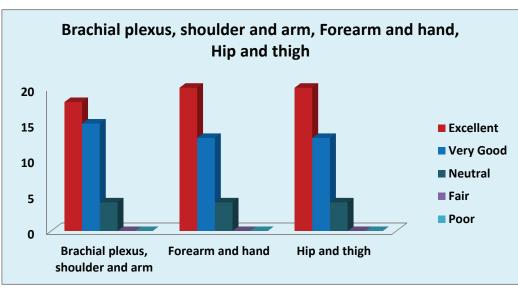


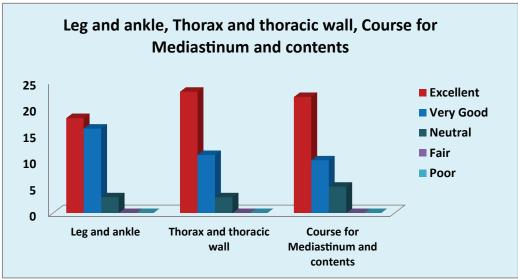


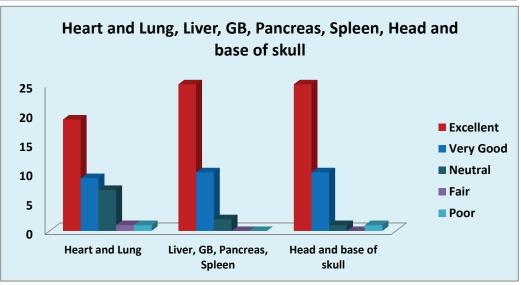


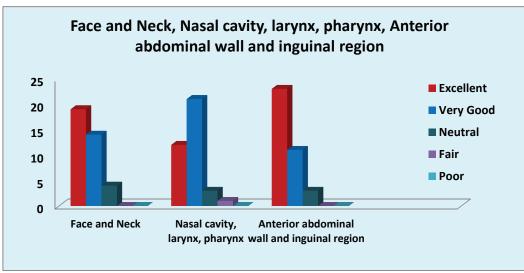


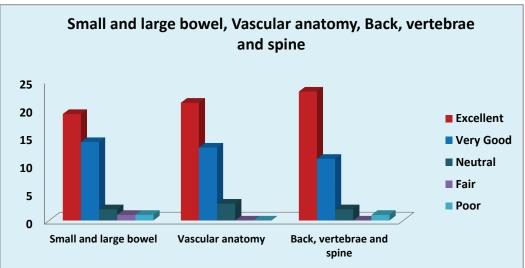


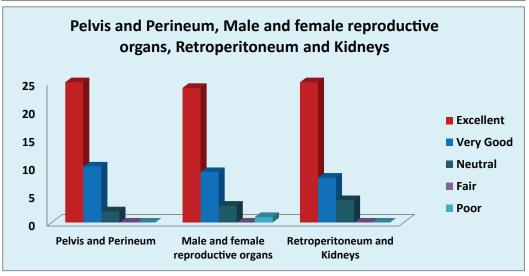




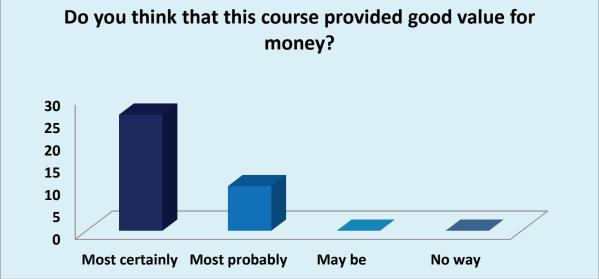












Comments

Excellent course overall! Great to have stations covering ALL topics, with equal time on each and demonstrators who work in those specific areas! It was a lot to fit in to two days- if anything, two and a half days would be better! The quality of the stations and demonstrators was excellent.

Dr. Daniel Langley

Warrington Hospital, Warrington

Perfect conditions for study, helpful tutors.

Dr. Liudmila Selezneva

Krasnoyarsk Regional Hospital, Neurosurgical Department

Good.

Dr. Mohammad Tabrez Hussain

Prince Charles Hospital, Merthyr Tydfil

For me this was an excellent course - I have recently done part A and have been revising hard. Many people used it as a tool for seeing how much work they needed to do. I was reassured that I was much better than I thought I was!!

Dr. Jennifer Martin

Belfast City Hospital, Belfast

Very useful course.

Dr. Abdelrahman Elsheik

Emirates French Hospital . Abu DHabi . UAE

Excellent!!!

Dr. Sotiris Mastoridis

Queen Elizabeth Medical Centre, Birmingham

Very well organised and overall content. Some sessions were rushed through a little. Possibly having a 15-30 minute session at end of day 1 allowing people to go to whichever station they want to have another look at the specimens and ask demonstrators any questions.

Dr. Emma Gosnell

Royal Bolton Hospital, Bolton

Excellent teaching that focuses on the exam questions. Helps identify own weaknesses, gives a good idea of the level of knowledge required. Extremely well organised.

Dr. Sajina Ananth

University Hospital of Wales, Cardiff

Good.

Dr. Athar Siddiqui

Royal Surrey County Hospital, Guildford

V well organised. Excellent materials used relevant for the exam.

Dr. Yan Li Goh

Royal Preston Hospital, Preston

Comments

I liked it, anatomy teaching was excellent.

Dr. Blund Jalal

Royal Brompton Hospital, London

Great anatomy teaching.

Dr. John-Henry Rhind

Queen Elizabeth The Queen Mother Hospital, Margate

Very good. Thank you.

Dr. Euan Stirling

Northampton General Hospital, Northampton

I think probably more sessions on limbs osteology.

Dr. Hassan Alzahrani

King Fahad Medical City, Riyadh, Saudi Arabia

Generally an all round excellent course - the surface anatomy lecture was very useful, the lecturers were all round very well educated and good at teaching.

Dr. Matthew Doe

Royal United Hospital, Bath

Topics relevant. High variability in teaching at stations.

Dr. Steven Coates

University Hospital of Wales, Cardiff

Anatomy demonstration using specimens was very useful. Good revision of the whole module.

Dr. Asma Shumaila Khan

York Hospital, York

Very useful and systematic.

Dr. Khaled Mohamed Saad

Cairo University Students Hospital

Very good.

Dr. Gian Battista Bottini

Northwick Park Hospital, Harrow

Excellent.

Dr. Ihsaan Al-Hadad

Northampton General Hospital, Northampton

Excellent course with very high calibre instructors.

Dr. Simon Tallowin

Queen Elizabeth Medical Centre, Birmingham

Well run and very useful. Overall very good course.

Dr. William Groom

Northampton General Hospital, Northampton

Comments

Well organised. Good recap of anatomy, some stations did not have enough time to learn but gave a good indication of things I need to learn in more detail.

Dr. Nikki Green

George Eliot Hospital, Nuneaton

Well organised and presented course.

Dr. Andrei Mardaryev

Bradford Royal Infirmary, Bradford

Good organisation and teaching. Let me hope it helps with the exams!

Dr. Caroline Cheesman Frenchay Hospital, Bristol

It was good.

Dr. Muhammad Nauman Malik

Khaula Hospital, Oman

I was very impressed by the teaching.

Dr. Naomi Lyn-white

Gloucestershire Royal Hospital, Gloucester

The mock OSCE was not hard enough! But otherwise the course was outstanding. Really prepared me and the faculty was great mix of those who had just done it and senior knowledgeable clinicians

Dr. Elizabeth Li

University Hospital of North Staffordshire, Stoke on Trent

Well organized.

Dr. Musab Mohammed

University Hospital of Wales, Cardiff

Very good course, gives idea about your level of knowledge and areas you need to improve.

Dr. Mina Zikry

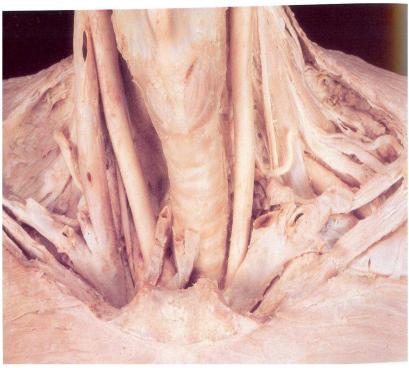
Stepping Hill Hospital, Stockport





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FEEDBACK





