

Report - RCoA Research, Education & Travel Grant (Belfast Fund)

I am writing with a summary report after recently running the 'Anatomy for the FRCA' course on Friday 23rd March 2018, for which the NIAA/RCoA generously awarded my support through the Belfast Fund. I would like to thank the Royal College of Anaesthetists and National Institute of Academic Anaesthesia for this opportunity, which has been of great value to the candidates (and faculty) on the course who provided excellent feedback.

After a pilot in August 2017, to a small group of local candidates, I organised and ran a larger course along with a registrar colleague (Dr Alasdair Taylor). We advertised the course to core and specialty anaesthesia trainees on Scotland in October 2017. This was done by an advertising e-mail to each deanery as well as through local websites and on social media. All places were filled almost five months in advance and, due to demand, we expanded the candidate number from 12 to 14.

During this same time we recruited a highly experienced faculty: anatomists from St Andrews and Edinburgh Universities, and (consultant or final year registrar) anaesthetists from NHS Tayside. Due to the nature of the course we needed a 1:1 faculty: candidate ratio, which provided a wealth of expertise and an excellent teaching resource for the candidates. We also contacted SonoSite, who generously agreed for the loan of two ultrasound machines for use in the course during sonoanatomy sessions.

This course is designed to facilitate anatomy learning and revision for both parts of the FRCA. Having previously written material for a full course prior to running the pilot course last year, we had a reasonable bank of questions. However, we wanted to expand this so at least 50% of the 2018 course contained new material. We feel it is important to have a range of material to draw from and plan to write more, so candidates can learn new information if they attend prior to both their Primary and Final FRCA examinations.

Pre-course MCQs & SAQs were sent out to candidates in advance, which were reviewed at the start of the day using cadaveric material, models and images. Each session was led by two members of faculty: one anatomist and one anaesthetist working together. This breadth of experience provided the opportunity to address anatomical detail and its clinical relevance.

In the following session candidates undertook a six station OSCE; at each one labelled anatomical specimens provided the basis for questions on the anatomy and its clinical relevance. When it was completed the candidates went round the circuit again, this time in small groups, so the questions could be reviewed by a faculty pair at each station (one anatomist and one anaesthetist).

In the afternoon, each candidate had the opportunity to answer three Final FRCA style anatomy SOEs and listen in to three others. Again these SOEs were led by a faculty pair and all subject material related to cadaveric prosections and anatomy models.

The final session of the day involved an hour-long tutorial on sonoanatomy of the upper and lower limbs, as it relates to regional anaesthesia. Consultant regional anaesthetists led the session, demonstrating ultrasound views on a volunteers model: for each ultrasound image discussed the relevant anatomy was demonstrated on an accompanying cadaveric prosection.

The course was very well received by faculty and candidates. All felt they learnt from its interdisciplinary nature, including the anatomy faculty. Written and verbal feedback by candidates was overwhelmingly positive, with each section rated highly. Free text comments included 'excellent course/faculty', 'extremely useful', 'well organised' and 'exceeded expectations'. Particular recurring positive themes included value for money and the exam-orientated nature of the course.

The generous support provided by the NIAA/RCoA Belfast Fund Award allowed the cost of the course to be kept to a minimum and we hope to maintain this in future years. This year has helped the course to establish itself, which would not have been possible without this support shown. The success we have had so far has also enabled us to discuss a publication with Cambridge University Press: we have been offered a contract to produce a textbook to accompany the course.

Both Alasdair and I would again like to express how extremely grateful we are to the Royal College of Anaesthetists and National Institute of Academic Anaesthesia for this support.