The Role of Anatomy Cadaveric Dissection in Obstetrics and Gynaecology Training

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Introduction
Trainees face a number of challenges in modern obstetrics and gynaecology training. This includes passing MRCOG examinations and achieving competencies within today's working time directives. To overcome these challenges, many regions employ simulation training and online learning resources to enhance training. Although this has improved learning, many ST1/2 trainees in our region reported a lack of confidence demonstrating knowledge of pelvic applied anatomy for MRCOG part 1 standards.

Studies have showed the use of cadaveric dissection beneficial in passing anatomy examinations and improve confidence in tissue handling. Dissection is integral for postgraduate core surgical trainees in the UK to not only attend but to also demonstrate anatomy dissection. This is not currently incorporated in obstetrics and gynaecology training.

Methods
A one-day teaching course was developed and delivered yearly 2012-2014 to 25 trainees in each sitting. It consisted of cadaveric dissection delivered by a Professor of Anatomy at Charing Cross Hospital and Consultants in Gynaecology and Urology. This was enhanced with interactive lectures. A questionnaire was undertaken before and after the training day to ascertain feedback.

Lectures in Anatomy/MRCOG Part 1
Dissection & Prosection of Pelvic Anatomy in small group (5)
Videos of pelvic dissection/anatomy

Conclusion
All trainees reported improved confidence levels. Many valued the hands-on approach for a more realistic look and feel of learning anatomy (83%), improved their anatomy training and pass rate for MRCOG part 1 (80% pass rate). We recommend that this training is incorporated into O&G training. Future training in cadaveric laparoscopic training will also be investigated to ascertain value in training core training in O&G.

Fig. 1 Structure of Pelvic Anatomy Teaching Day

References