Welcome to the Discipline of Surgery Newsletter for October. You will have received the minutes of the Discipline of Surgery Business Dinner Meeting held 23rd October. Just to highlight a number of the issues raised. Vincent Lam and Deborah O’Mara presented data in relation to the results of the recent surgical barrier examinations. However there is a real need for more surgical questions and at the end of the Newsletter I have included the proforma and writing guide for multiple choice questions (MCQ) and extended matching questions (EMQ). It would be a great help if every member of the discipline could take the time to contribute a couple of new questions to the exam bank. I have also included the schedule for PBL tutorials for next year. One again it would be a real contribution to see more senior clinicians take the time to make a commitment to this important aspect of medical student teaching. It requires only 3 hours per week for the duration of a single teaching block (from 4 weeks to 11 weeks), something I’m sure we could all manage given sufficient notice. George Ramsey-Stewart also gave presented an overview of anatomy teaching in the University. Discipline members are encouraged to support these courses by making themselves available for teaching and demonstrating, and a list of course dates is also included in the Newsletter. Surgical teaching no longer takes place solely in the six principal teaching hospitals with a major contribution coming from surgeons in rural hospitals. This valued input is highlighted in the newsletter.

Leigh Delbridge
Head, Discipline of Surgery
30th October, 2010

RURAL SURGICAL TEACHING

A major component of surgical teaching for students at Sydney Medical School now occurs in rural hospitals across NSW. Surgical teaching takes place in the School of Rural Health, based either at Dubbo Clinical School or Orange Clinical School, or in Lismore and the far North Coast as part of the Northern Clinical School. Rural surgical placements are now amongst the most sort after learning opportunities for students.

School of Rural Health (Dubbo Clinical School)

Dubbo took its first students in 2001. Surgical teaching in Dubbo is coordinated by Bob North (pictured seated centre), a retired general surgeon who has taken up the post of Sub-Dean. Dubbo students accompany surgeons on ward rounds and attend operating theatres at both Dubbo Base Hospital and Dubbo Private Hospital. There is good exposure to general surgery, orthopaedic surgery, ENT surgery, and Ophthalmology. There are four students in each stream rotating between the surgical specialties. During the Critical Care term, students are encouraged to access emergency cases in the Emergency Department and to follow them through to see their management in the wards, in the operating theatre, as well as follow up in rehabilitation. As the students live on campus, they are encouraged to participate in after hours and weekend work. This is quite popular as they organise themselves with the registrar on duty to be called if there are interesting cases. They are often of great assistance, being valued in a situation where staffing can be rather short.
Orange Campus accepted its first students in 2002. It now hosts around 15 year 3 and 15 year 4 Sydney Medical Program students who live and study in Orange for one academic year. Surgical teaching in Orange is coordinated by Peter Bilejnkij, Urologist. The program changes a little each year in response to curriculum changes, student feedback and changes in surgical service delivery. Orange Base Hospital is a 180-bed regional referral general hospital. All the VMO surgeons and surgical registrars teach in the Surgical Core Block. In 2011 the surgical terms will include 4 week rotations with general surgery and orthopaedics. Within each surgical block the student spends 3 sessions with an ophthalmologist, and 3 sessions with an ENT surgeon. Students learn surgery on ward rounds, in private rooms and in the operating theatres of the public hospital, the Dudley Private Hospital, and the private Orange Day Surgery Clinic. In 2011 the “emergency surgery” component of the Critical Care Block will be a 2 week attachment to the general surgeon-on-call at the base Hospital. This is a learning initiative for a student to share in the care of a widen range of acute surgical patients. Two broad streams of skills learning, Surgical and medical, are delivered to the Core Block students in each term. In addition every student on campus does a revision ENT and Eye clinical skills session (pictured) at the beginning of their academic year. In March 2011, Orange Campus will move to the site of a new state-of-the-art 220 bed Orange Hospital in the suburb of Bloomfield. When the 300 new mental health and forensic psychiatry beds are added, the Orange health Service will be the largest regional acute general and mental health referral centre in regional NSW.

Lismore & Far North Coast (Northern Clinical School)

Surgical teaching in Lismore is coordinated by Austin Curtin (pictured back row centre), Sub-Dean University of Sydney and Adjunct Associate Professor Southern Cross University. The far North Coast has always been a favourite rotation for students and in the last 10 years Lismore, Grafton and Murwillumbah have become the clinical centres for students from The University of Sydney, in addition to The University of Wollongong, The University of Western Sydney, Griffith University, and Bond University. Over 360 medical students will rotate through the Far North coast this year. Surgical rotations to Lismore involve both General Surgery, Vascular Surgery, Orthopaedics and Critical Care. The general surgical and orthopaedic rotations are busy terms, well supported by Registrars in training, residents and interns. There is an effective organised teaching programme with weekly surgical and orthopaedic meetings, Breast Cancer and Gastrointestinal Cancer MDTs and of course Grand Rounds. The medical staff enjoy the challenge of teaching, and the enthusiasm of students in a learning environment.

SMS-DISCIPLINE OF SURGERY SCHOLARSHIPS

With the support of the Discipline of Surgery, Sydney Medical School is offering two scholarships, equivalent to the NHMRC stipend for one year initially, to support suitably qualified candidates for the degree of Doctor of Philosophy or Doctor of Clinical Surgery, whose research project is supervised by a member of the Discipline of Surgery. Further information available from [http://sydney.edu.au/medicine/scholawards/postgrad/research.php#surgery](http://sydney.edu.au/medicine/scholawards/postgrad/research.php#surgery). Closing date of applications is 1st December 2010.
SURGICAL STARS

Highlighting new appointments to the Discipline of Surgery, current and former members who have made a significant contribution, and surgical units with a national or international reputation

Venu Chalasani, Urologist

Venu Chalasani has just been appointed to the Discipline of Surgery at Northern Clinical School. He graduated from the University of Sydney, and then completed his Urology training in the NSW programme, obtaining his FRACS in 2007. Upon completion of his training, he went on to do a general Urological Fellowship in the United Kingdom for 1 year. Subsequent to that, he spent 2 years in Canada doing a Urologic Oncology Fellowship at the University of Western Ontario, in a programme run by the Society of Urological Oncology. He has a research interest in urological oncology, focused on the clinical outcomes for patients treated with newer or experimental minimally invasive options. Monitoring and improving the quality of established procedures, such as cystectomy or prostatectomy, has also been a research interest in the last 2 years. The focus for the future will be the establishment of robust monitoring mechanisms for the outcomes of patients, and the fostering of stronger links between surgeons and oncologists in the realm of clinical trials. He will be working within the NHMRC clinical trials centre at Sydney University. He has also been appointed as Director of Surgical Training in Northern Sydney Area Health Service.

The Baird Institute

Established in 2001 in honour of Douglas Baird, the Institute is the only group in Australia to focus on clinical and surgical cardiothoracic conditions. At the 2010 ASCTS Annual Scientific Meeting The Baird Institute researchers presented 14 papers from the six research groups (pictured Paul Bannon, PhD student James Edelman and Michael Vallelly). The current groups in the institute include:

- **Mesothelioma Group** - Advances in surgery have already demonstrated some improvement in lifestyle and perhaps longevity. Advances in “triple therapy” demand further exploration into the impacts of modalities in the search for a cure;
- **Biomaterials Group** - Current products are subject to complications at the blood material interface and most suffer particularly in small diameter grafts. A biological synthesised graft offers the most opportunity for all patients with renal disease, peripheral vascular disease and coronary artery disease.
- **The OPCAB Group** - The heart-lung machine produces inflammatory related effects on the lung, brain and small vessels. Techniques for heart surgery without the heart-lung machine (OPCAB) are increasingly utilized;
- **Heart Failure Group** - Improved medicines and lifestyle changes have been the principle mainstay for these chronically disabled people. New and extended surgical techniques have demonstrated short-term improvement and extended prognosis;
- **Aortic/Congenital Group** - RPA has been a leader in the surgery of aortic valve and aortic disease for many years. This group will conduct a birth to death study of these diseases to find other exacerbating or mitigating factors for these diseases;
- **Blood Minimisation Group** - Heart surgery consumes 20% of all blood products collected in Australia. This group will design management strategies to identify who should receive blood products, when they should receive blood products and, if possible, how much blood product should be given, as well as identify effective alternatives to blood transfusion and the use of blood products.
George Ramsey-Stewart, Professor of Surgical Anatomy

After “retiring” from surgical practice as a GI surgeon at Royal Prince Alfred Hospital, George Ramsey-Stewart has taken on a new full-time career as Professor of Surgical Anatomy in the University of Sydney. In this role he is closely affiliated with the Discipline of Surgery. The major focus of his work is the elective undergraduate “Anatomy by Whole Body Dissection” Course for Medicine 3 students as well as the postgraduate Unit of Study in Anatomical Dissection for the MS (Coursework) program. The “Anatomy by Whole Body Dissection” Course focuses on practical dissection skills for the development of topographical anatomical knowledge. Students with aspirations to surgery and other procedural specialities have found this an invaluable elective and others have indicated that the course was valuable for many other aspects of Medicine. A key advantage of the course is the proximate availability of surgeons and proceduralists (of various specialities) together with surgical trainees who provide contextual references to and clinical relevance of the dissection tasks. Senior surgeons (of various specialities), anaesthetists and gynaecologists attend dissecting sessions as Supervisors, especially when their area of expertise is being dissected. Members of the Discipline of Anatomy and Histology also act as supervisors. Surgical Trainees (seconded from various teaching hospitals) act as anatomy demonstrators during the course at no cost to themselves. The seven-week dissection course is arranged into two halves (of 17 full days of dissecting). In each half, 50% of the students dissect the upper half of the body and the other 50% dissect the lower body. Mid-course (which corresponds to the medical staff changeover in NSW Public Hospitals) the dissection changes. Thus if a Demonstrator can be present for half of the course, demonstration of a whole body dissection can be experienced. Most Demonstrators with sufficient notice can obtain such time off from their training hospitals. Thus they are able to avail themselves of this unique opportunity to enhance the anatomy component of their surgical training and all have found it invaluable in preparing for their surgical exams. All Demonstrators and Supervisors take part in this course in a "pro bono" capacity. The next course runs from 8th December 2010 through to 14th February 2011. Interested surgeons can contact George Ramsey-Stewart at gstewart@med.usyd.edu.au

Frederick Milford, First Lecturer in Surgery

The University of Sydney has the longest history of surgical teaching of any institution in Australia. In 1883, when Anderson Stuart opened the University of Sydney Medical School there were no clinical departments, and no Professor of Surgery. Frederick Milford, appointed as the first Lecturer in Surgery, was an energetic, proficient surgeon. He had been the first student to walk the wards of the Sydney Infirmary. He rejected the teachings of Lister, lecturing instead on the value of “laudable pus” and the evil influences of the wind, particularly when it blew from the west. Alexander MacCormick, a master surgeon and adherent of Listerism, succeeded him in 1889, however it was not until 1928 that the Bosch bequest allowed the foundation of the first full-time Chair in Surgery.

www.sydney.edu.au/medicine/surgery/about/history.php
WRITING SURGICAL EXAM QUESTIONS

NEW QUESTIONS CAN BE ENTERED AT www.exambank.med.usyd.edu.au (login ID and password required) or emailed to vincent.lam@sydney.edu.au

Extensive online assistance is available at the exambank website as well as the Sydney medical School website (see below)

1. EMQ (EXTENDED MATCHING QUESTION) PROFORMA

QUESTION AUTHOR:

QUESTION TITLE: – type this in the ‘Common name’ field eg “Causes of fatigue”

THEME: This will not be shown to students but may be general eg “drugs, joints, fatigue” etc

LEAD IN: This will be included each time the question is used, eg
For each of the descriptions below, select the matching cranial nerve from the option list.
For each of the scenarios below, select the statistical test most appropriate to the question.
For each patient with fatigue, select the most likely diagnosis.
OPTIONS: We recommend using 8-12 options with 3-5 scenarios
The possible answers should be a homogeneous list. eg drugs, structures, diagnoses etc.

1. 7.
2. 8.
3. 9.
4. 10.
5. 11.
6. 12.

SCENARIO 1: e.g. “A 15 year old girl has a 2 week history of fatigue and back pain. She has bruising and…”

Correct Option Scenario 1: _____________

SCENARIO 2:

Correct Option Scenario 2: _____________

SCENARIO 3:

Correct Option Scenario 3: _____________

ADDITIONAL INFORMATION ON YOUR QUESTION

CURRICULUM MAPPING – Which area of the curriculum and/or learning objective in COMPASS is assessed by this question

Other Comments
2. MCQ (MULTIPLE CHOICE QUESTION) PROFORMA

QUESTION AUTHOR:

QUESTION TITLE – eg the Common name with a qualifier eg Stress diathesis model

QUESTION STEM

DISTRACTOR A:

DISTRACTOR B:

DISTRACTOR C:

DISTRACTOR D:

DISTRACTOR E:

Correct Answer: _______________

Enter a statement providing some information regarding the answer to the question. You may include information about the distractors if you wish. This information will be available to students for “non-secure” questions.
Please provide learning objectives as specified on Compass, the GMP website or in the Handbook eg “To understand …. “, To identify… “, “To ……”

Other Comments

********************************************************************************************

NB: EXAM BANK STYLE NOTES

- Check spelling prior to entering the question
- For terms with various spellings eg “foetal” or “fetal” please make a Discipline decision so spelling is consistent for students
- Use correct punctuation in the stem. If it is an incomplete statement, put a colon ie : at the end.
- In the stem, leave one spare line between the vignette and the lead question and no spare lines after the lead question.
- All distractors must start with a capital letter and can include a comma but NO full stops. Do not put in a space at the start of the distractor.
- Vary the correct answer eg DO NOT always make it E or C; alternate for each question you enter between A,B,C,D and E
- For images, save them as a jpeg file prior to importing. Note there are a lot of images already uploaded to ExamBank that you may wish to use. Save as HTLM if the image is in WORD and it will create a jpeg file.
- All abbreviations should be written in full the first time they are mentioned in a question with the abbreviation in brackets. The abbreviation can then be used subsequently throughout the question
- It is Sydney medical School policy to include generic drug descriptions rather than brand names for drugs. If a brand name is used it should be used as an example and put in brackets after the drug family/ generic name
- Please add Normal Ranges when giving test results in the stem unless the question is actually assessing recall of the normal range; eg Hb85 g/l (Normal Range 115-155 g/l)
Below are the PBL tutorial dates for 2011. Year 1 PBL tutorials (Blocks 1-5) are held on Thursdays and Year 2 (Blocks 6-10) are held on Fridays. Stream A is going to be 10:00-1:00, and Stream B is going to be 2:30-5:30. All tutorials are held on the main university campus except for Blocks 4 and 10 which are held at each clinical School. Please contact Rebecca Rock (Rebecca.rock@sydney.edu.au) for more information or to put your name down for a PBL tutorial block. Feel free to contact me (leigh.delbridge@sydney.edu.au) if you have any questions.

<table>
<thead>
<tr>
<th>BLOCK 1 (YEAR 1)</th>
<th>BLOCK 6 (YEAR 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.06 &quot;I've been here before&quot;</td>
<td>6.01 Kevin's accident</td>
</tr>
<tr>
<td>1.07 Is this serious?</td>
<td>6.02 Jason and Brook</td>
</tr>
<tr>
<td>1.08 A question of communication</td>
<td>6.03 A nasty drop</td>
</tr>
<tr>
<td>1.09 Ms Newman's indigestion</td>
<td>6.04 'My head hurts'</td>
</tr>
<tr>
<td>BLOCK 7 (YEAR 2)</td>
<td></td>
</tr>
<tr>
<td>2.06 'She says she'll lose her job'</td>
<td>09.06.11</td>
</tr>
<tr>
<td>2.07 'Why me?'</td>
<td>16.06.11</td>
</tr>
<tr>
<td>2.08 'I always work hard'</td>
<td>23.06.11</td>
</tr>
<tr>
<td>BLOCK 2 (YEAR 1)</td>
<td></td>
</tr>
<tr>
<td>3.01 Not at fault</td>
<td>14.07.11</td>
</tr>
<tr>
<td>3.02 Wheezing and breathless</td>
<td>21.07.11</td>
</tr>
<tr>
<td>3.03 A nasty cough</td>
<td>28.07.11</td>
</tr>
<tr>
<td>3.04 Ex Navy</td>
<td>04.08.11</td>
</tr>
<tr>
<td>3.05 Sleeping on the job</td>
<td>07.08.11</td>
</tr>
<tr>
<td>3.06 A different cause of cough</td>
<td>12.08.11</td>
</tr>
<tr>
<td>BLOCK 8 (YEAR 2)</td>
<td></td>
</tr>
<tr>
<td>4.01 Always tired</td>
<td>8.01 Bill's concern</td>
</tr>
<tr>
<td>4.02 'While I'm here...'</td>
<td>8.02 Washed out</td>
</tr>
<tr>
<td>4.03 A swollen knee</td>
<td>8.03 Found confused</td>
</tr>
<tr>
<td>4.04 Pale and feverish</td>
<td>8.04 Swollen ankles</td>
</tr>
<tr>
<td>BLOCK 9 (YEAR 2)</td>
<td></td>
</tr>
<tr>
<td>4.05 Michelle's painful calf</td>
<td>9.01 A persistent pain</td>
</tr>
<tr>
<td>5.01 Going downhill</td>
<td>9.02 'I'm not a hundred percent'</td>
</tr>
<tr>
<td>5.02 A breathless pregnancy</td>
<td>9.03 An occupational hazard</td>
</tr>
<tr>
<td>5.03 A round of golf</td>
<td>9.04 The good life</td>
</tr>
<tr>
<td>5.04 Jennifer and David's baby</td>
<td>9.05 'My eyes looks yellow'</td>
</tr>
<tr>
<td>BLOCK 10 (YEAR 2)</td>
<td></td>
</tr>
<tr>
<td>5.05 Mr Fisher's snoring</td>
<td>9.06 Small and sickly</td>
</tr>
<tr>
<td>5.06 Considering alternatives</td>
<td>20.05.11</td>
</tr>
<tr>
<td>5.07 Difficult circumstances</td>
<td>25.08.11</td>
</tr>
</tbody>
</table>

Clinical School Block dates arranged by clinical schools