

2nd Degree to ST3: How to Succeed as the OMFS 2nd On Call

A National Education Conference

Conference Report

Dates: 12th & 13th May 2018

Venue: Postgraduate Centre, Manchester Royal Infirmary

Organising Committee: Manchester Oral & Maxillofacial Society

Committee Members:

William Thompson

Richard Smirk

Gauri Vithlani

Adam Bhanji

Katherine Radcliffe

Lydia Thom

Sharmista Roy

Olutusen Ariyo Onafowokan

Harpal Singh Flora

Lingxi Too

Attendees (including committee): 47



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Event Timetable:

	Saturday 12 th May		
09:00	Registration and Welcome		
09:30	Mr George Markose	Management of the OMFS H&N Patients and Free Flap Monitoring	
10:15	Mr Athanasios Kalantzis	OMFS Trauma Including Emergency Presentations	
11:00	Bro	eak 	
11:15	Ms Victoria Beale	Paediatric OMFS	
12:00	Mr George Markose	Why Stay in OMFS?	
12:45	Lu	nch	
13:45	Ms Mary Coleman	Radiology in OMFS	
14:30	Mr Jim Higginson	OMFS Pathway/Research	
15:00	Br	eak	
15:30	Mr Christopher Mannion	Head and Neck Soft Tissue Trauma and Dog Bites	
16:15	Finish		
7:30 - till late M1 2EJ thepenandpencilnq.co.uk THE PEN AND PENCIL			
00.00	Sunday 13 th May		
09:00	1	Head and Neck Infection and	
09:30	Ms Anusha Hennedige	Microbiology	
10:15	Miss Alexandra Thompson	The Journey to OMFS ST3	
11:00	Br	eak	
11:15	Mr Stuart Clark	Career Advice in OMFS	
12:00	Q&A session		
13:00	Finish		



Learning Objectives

- Management of the H&N patient and free flap monitoring
- OMFS traum
 - o ATLS principles
 - Soft tissue management
 - Dento-alveolar injuries
 - Facial Fractures
 - Maxillofacial infections
- Paediatric Trauma
 - o Basic Principles of management
 - o Knowledge of acute paediatric situations
 - Management of acute paediatric trauma
- Reasons to stay in OMFS
- Radiology
 - Use of plain film, CT, MRI and USS
 - o Indications for imaging
 - How to read and interpret imaging
 - Scenarios encountered by OMFS on call
- OMFS Academic Pathway
 - o Recognising skills developed by research
 - o Fulfilling training requirements for research
 - o Identifying, completing and publishing a project during second degree
 - How to develop your writing skills
 - How to foster a career in academia
- Head and neck soft tissue trauma and dog bites
 - To assess soft tissue injuries of the head and neck and understand the principles of reconstruction
 - Undertake assessment of blunt and penetrating injuries within the context of ATLS
 - Appreciate specialised anatomy and reconstructive principles
 - Address these principles to complex injuries including dog bites
- Head and neck infection
 - Understand how cervicofacial infections present
 - How to assess and triage appropriately
 - o Identify patients at risk of airway compromise
 - o How to surgically work up a patient for theatre
- The journey to OMFS ST3
 - o What you should and shouldn't do in foundation
 - o Portfolio and format of CST and ST1 interviews
 - o How to survive being an SHO again
- Career advice in OMFS



Attendance Summary:

Total tickets reserved:

• 54

Tickets reserved for free (committee)

• 10

Tickets reserved for £21.55 (£20 refundable deposit. £1.55 eventbrite booking fee)

• 44

	Saturday	Sunday	Attended both days	Attended sat/sun/both	Attended sat only	Attended sun only	DNA
Committee (10)	8	8	8	8	0	0	2
Paid reservations (44)	38	23	22	39	16	1	5
Total (54)	46	31	30	47	16	1	7

Feedback Summary

Total responses: Max 30 (21/05/18)

Were the educational aims and objectives met as outlined in the programme?

Yes	29
No	
Don't know	1

Overall, how would you rate the event? Excellent/very good = 83.3%		
ANSWER CHOICES	RESPONSES	
_	50.00%	
Excellent	15	
_	33.33%	
Very good	10	
_	13.33%	
Good	4	
_	3.33%	
Fair	1	
-	0.00%	
Poor	0	



What did you like about the event? 30/30

Committee got a lot of praise

People mentioned: Organisation, good speakers, pitched at right level, variety of topics and easy to network as plus points

Other specific mentions were the cost, and st1/3 prep ()

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What could be improved upon? 27/30

1/3 were happy

1/5th would have preferred a conference more focussed on the 2nd on call aspect

The remaining points were focussed around refreshments and it was noted this would have been a good opportunity to speak with consultants

Other improvements which would be good going forward would be to recognise medics first.

Nothing	10
Specific feedback	Role play scenarios, handover to seniors
Relate more to the 2 nd on call (ie too basic)	6
	It wasn't as practical based with 'this is what
	you should do if you see this pt as 2nd on
	call/this is what you should advise your DCT/FY
	to do if they are not sure'- I felt it didn't quite
	follow the name of the event
	Personally i would have preferred more focus
	on emergencies rather than reiterating what
	we already know about routine trauma and
	oncology etc
More opportunites to discuss	2*
Food/refreshments	4*
Practical element	1
Shorter talks/sessions	2
Handouts	1
Recognise medics first	2

^{*-}one person 2 points



Did the event provide a good variety of topics? Were there any topics you would have liked to have heard? 27/30

20/30 were happy with the content

Specific improvements-

Oncology, emergencies, skin, aesthetics, medical management of patients, orthognathic post op

1 person was unhappy, but no feedback as to why

I person was unhappy, but no reeuback as to w	`
Excellent variety (includes great, very good)	7
Good variety (Includes yes, wide ranging,	13
informative)	
Specific feedback	6-
	More oncology
	Emergency tracheostomy problems, how to
	deal with bleeds and blocked airways. The soft
	tissue talk focused on foreign bodies more than
	what to do with areas of tissue loss. Orbital
	trauma and retrobulbar collections. Enjoyed
	the complications in the paediatric talk.
	Perhaps gear the talks at a slightly higher level
	in some cases. For instance Mr Mannion's talk
	addressed us as potential registrars whereas
	others seemed more aimed at SHO level
	yes - built on existing knowledge and expanded
	upon it - enjoyed detailed discussion about
	principles of managing mandibular fractures i
	think the topics covered were a good starting
	point - perhaps if there was another event
	next year management of some other areas
	could be discussed e.g. skin, aesthetics
	More information on managing the unwell
	patient i.e. more medical topics for dentistry
	first trainees early in training
	Orthognathic post op
Nope	1



Overall how would you rate the speakers? 100% excellent/good		
ANSWER CHOICES-	RESPONSES—	
-	70.00%	
Excellent	21	
_	30.00%	
Good	9	
-	0.00%	
Fair	0	
-	0.00%	
Poor	0	

How organized was the event? Extremely/very organised = 100%	
ANSWER CHOICES—	RESPONSES-
-	43.33%
Extremely organized	13
_	56.67%
Very organized	17
_	0.00%
Somewhat organized	0
_	0.00%
Not so organized	0
_	0.00%
Not at all organized	0

Was the event length too long too short or about right?		
29/30 said the length was about right		
ANSWER CHOICES— RESPONSES—		
_	0.00%	
Much too long	0	
_	3.33%	
Too long	1	
_	96.67%	
About right	29	
-	0.00%	
Too short	0	
_	0.00%	
Much too short	0	



What is your current level of training?

Most were medical student 2nd degree

Followed by singularly qualified dentist

But check attendance register for more accuracy

ANSWER CHOICES—	RESPONSES—
-	53.33%
Medical Student (2nd degree)	16
-	6.67%
Dental student (2nd degree)	2
_	26.67%
Singularly qualified dentist	8
-	6.67%
Singularly qualified medic	2
_	6.67%
Dual qualified	2

Would you be interested in future talks on: 28/30 responders

From this feedback we could potentially target plating companies as 24/28 would have liked talks on this

Future topics could include deformity, aesthetics

There is scope for arranging a local social evening to enchance networking

We could also target elective companies/speak about our elective experiences

Cleft lip and palate is another topic that people were interested in

Further consideration could be given to women in surgery and resilience training/workshops

ANSWER CHOICES-	RESPONSES-
-	85.71%
OMFS workshops eg suture, plating etc	24
-	75.00%
Deformity	21
-	71.43%
Aesthetics/cosmetics	20
_	67.86%
Local networking	19
-	64.29%
Cleft lip and palate	18
_	64.29%
Electives	18
_	32.14%
Women in surgery	9
_	25.00%
Resilience	7



To summarise

The majority of attenders were happy with the conference and cited reasons such as

- Quality of the speakers and the variety of topics
- Many attendees believed the content to have been pitched at the right level

The majority of our attendees who answered the survey were either studying medicine (16/30) or were a DCT (8/30).

- From the feedback it has come to our attention that perhaps we should note/ make aware to the speakers that there are medics first so as not to exclude them

Recurring themes were

- A lack of focus on the 2nd on call
 - Perhaps this could be resolved by either a progression throughout he programme from DCT level to 2nd on call
 - o Or focussing on the 2nd on call element more
- Attendees
 - Are interested in local networking and elective discussion. There is potential for this to be explored further
- In addition to above comments further options at future events include
 - o Oncology
 - o Deformity
 - Ward preparation
 - Medical management of patients
 - Post op orthognathic
 - Aesthetics/skin
 - Skin
 - o 2nd on call emergencies
 - Tracheostomy
 - Practical elements



Financial Report

This is the total cost we incurred for the event held by Manchester Oral and Maxillofacial Society.

50

Item	Unit cost	Quantity	Total
Receptionist Hire (Venue Costs)	15	13	195.00
Speakers Lunch & Water	1	30.44	30.44
Stationary and Delegate costs	1	54.99	54.99
Speaker gift	20	9	180.00
Refreshments	1	380.44	380.44

TOTAL 840.87

Event Photos











Signatures		
	Date:	
William Thompson		
President		
	Date:	
Richard Smirk		
Secretary		
	Date:	
Gauri Vithlani		
Treasurer		