The Role of Cadavers in Resident Education

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The Role of Cadavers in Resident Education

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Background

- ACGME requires proficiency in a variety of surgical & cosmetic procedures prior to graduation from dermatology residency.
- In a 2009 survey, only 55% of dermatology residents were satisfied with their procedural training\(^1\).
- Classical methods of teaching alone may be inadequate.
- In 2016, only 34.5% of program directors reported using human cadavers to augment beside teaching\(^2\).
- Since 1986, our department of dermatology has been incorporating simulation with human cadavers.
Objective

• To determine the educational value of cadavers in dermatology resident education
• To determine if cadaveric simulation improves self assessed proficiency among residents and graduates
Materials and Methods

• Annual 1 hour lecture followed by intensive half-day simulation cadaver course
  • Taught by 2 board certified Mohs surgeons
  • Facial prosection to identify anatomical structures
  • Perform flaps, grafts, nail procedures & soft tissue fillers

• Surveyed recent graduates to assess satisfaction with procedural training & level of comfort

• Surveyed current residents pre- & post-session to assess comfort with procedures
  • Likert scale: 1 being “uncomfortable” and 5 being “comfortable”
Senior residents performing prosection of the facial nerve & posterior triangle.

A senior Mohs surgeon discusses nail biopsy techniques to residents at all training levels.
# Results

**Likert scale:** 1 being “uncomfortable” and 5 being “comfortable”

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Results

• 96% of residents surveyed determined this session to be of “excellent” educational value

• Self-assessed proficiency with flaps & grafts increased an average of 2 points for each residency class
  • Similar findings of increased comfort with nail procedures & fillers following the course

• 100% of graduating residents felt satisfied with their procedural training

• 100% of recent graduates felt “sufficiently prepared to perform the dermatologic surgeries & procedures required in their practice”
Conclusions

• Cadaveric dissection has been integral in improving our residency’s procedural and surgical competency
• Education by cadaveric simulation is not universally available to dermatology residents
• Simulation allows ample time for exploration of anatomy and exposure to sophisticated techniques in a low stress environment
References


Thank you!