

Guidelines for candidates

Extraocular surgery station

At the extraocular surgery station candidates will be confronted with a clinical patient scenario that needs to be solved using an appropriate adnexal surgery method. This station is an opportunity to test a candidate's ability to interpret a clinical scenario, plan an appropriate extraocular procedure, execute that scenario on a cadaver, and then critically reflect on their surgery.

The candidate will be marked by at least two examiners, who will agree on a unified mark.

The candidate will be marked on the following:

Sections
<p>1 – Preparation & surgical planning</p> <ul style="list-style-type: none">• Theatre etiquette<ul style="list-style-type: none">○ Wearing/discussing correct theatre attire○ Bringing appropriate equipment to perform a range of extraocular surgeries, set up in a neat and professional manner○ Demonstrate ability to correctly position the patient (cadaver) and themselves○ Discuss surgical preparation and draping (briefly)• Surgical planning<ul style="list-style-type: none">○ Read and understand the clinical scenario○ Make an appropriate surgical plan, with advantages and disadvantages (if appropriate) to selected surgical approach○ Delineate surgical site with surgical pen (if appropriate)○ Ensure surgical plan is transferred correctly to the cadaver
<p>2 – Surgery execution</p> <p>a) Incisions</p> <ul style="list-style-type: none">○ Appropriate tissue stabilisation○ Appropriate instrument selection○ Incision accuracy (size, location, depth) <p>b) Suturing</p> <ul style="list-style-type: none">○ Appropriate selection of suture material○ Appropriate instrument selection and suture handling○ Correct placement of sutures (appropriate number, depth, distance from skin margin)○ Correct tying of sutures (tension, number of throws, use of instrumentation, suture ends cut and positioned appropriately to avoid globe contact)

c) Tissue & instrument handling

- Accurate and gentle tissue fixation when needed, avoiding unnecessary tissue handling
- Knowledge of instrumentation used; correct, gentle instrument handling

3 – Reflection

- Critical reflection is key to learning and development as a surgeon. Candidates will be asked to reflect on the surgery they have just performed, addressing:
 - Briefly, post-operative management, medication and follow-up
 - What went well?
 - What could be improved?
 - What would you do differently?
 - Are you satisfied with the outcome of the surgery?
- Nb – the examiners are looking for honesty and accuracy in reflections. These marks are not dependant on the surgical technique, but on the candidates' ability to perform a critical appraisal of their surgery.

Deductions/Compensations

- The examiners can make additional deductions and award compensatory marks at their discretion; the justifications will be recorded

Deductions

- Additional deductions are made for serious/dangerous or recurrent errors, not captured elsewhere in the mark scheme, which may include:
 - Inappropriate surgical technique for the given scenario
 - Repeated poor/rough tissue handling
 - Mishandling of instruments or suture
 - Failure to identify and/or correct surgical and tissue handling errors
 - Failure to adequately reflect on any shortcomings

Compensations

- Additional marks may be awarded for significant corrective action, which may include:
 - Realising an inappropriate technique initially selected, and taking steps to provide a clinically appropriate solution
 - Identifying and appropriately correcting or minimizing the negative consequences of a surgical error
 - Presenting a strategy to correct or minimize the negative consequences of a surgical error
 - Particularly thorough and accurate reflections that reassure the examiners regarding an area of displayed poor performance