

illustration of the plexuses, colour-coded to denote spinal root contributions, could better facilitate the appreciation of this information. To our knowledge, no illustration of the lumbosacral plexus contains this information, and whilst a similar illustration of the brachial plexus is publicly available, it can be considered overly complicated for first year medical students. Faculty and students were consulted on the design and functionality of the schematics. Verbal feedback (in classes) from students was positive, with requests for the schematics to be included in learning materials. Faculty feedback (online survey) centred on colour and complexity and suggestions of how the figures might fit specific specialties. The feedback has allowed refinement of these diagrams for dissemination and use in teaching.

P24. THOMPSON, JAMES, THERESA KLEVERLAAN and CECILIA BRASSETT, Human Anatomy Teaching Group, Department of Physiology, Development and Neuroscience, University of Cambridge, United Kingdom. *Evaluation of large vs. small group anatomy teaching for clinical students within a spiral curriculum*

This study evaluates the experience of clinical students at Cambridge University taught in large vs. small groups. After learning anatomy in the preclinical years, students embark on three years of clinical medicine (Years 4-6) at the local teaching hospital, returning for anatomy revision in the spiral curriculum. These sessions include case scenarios with anatomical prosections to highlight structures that are especially relevant in their hospital attachments. In this study, anonymised questionnaires were given to 151 Year 5 students. In Year 4, these students were taught in the Dissection Room in large groups of c.75 to study prosections under the guidance of demonstrators. In Year 5, this same cohort was divided into groups of 12, and were taught by 3 demonstrators on 8 prosections. Students were asked to compare different elements of these two modes of teaching. Of the 122 respondents, 117 (96%) expressed a preference for small group teaching. Students were more challenged, finding it easier to participate and ask questions. Soliciting student feedback is crucial to programme development. Our results corroborate previous research on the key strengths of small group teaching: flexibility, interaction, reflexivity and engagement, enabling students to move up Bloom's taxonomy to levels of higher order thinking.

P25. GOHIL, JESAL, RACHEL JONES, LIAM YOUNG, EMMA HUGHES, JOHANNE PETREZCZ, MARI ISDALE, LAKHBIR KAUR, HABIB ISMAIL and ANDREW GINTY, School of Medicine, University of Central Lancashire, Preston, United Kingdom. *Opinion on the use of an Anatomage table to enhance undergraduate medical students' learning of anatomy in the United Kingdom.*

Traditional anatomy teaching involves cadaveric dissection, prosections, models, and lectures. However, in an advancing digital culture, innovative methods to teach anatomy are paramount. At the University of Central Lancashire (UCLan), the Anatomage table, a medical visualization system, is used at the frontline of teaching for undergraduate medical students. This qualitative study explores perceptions of the Anatomage table and its usefulness in delivery of effective teaching. Semi-structured interviews were conducted with anatomy staff and medical demonstrators (n=10), who are involved in the design and implementation of anatomy teaching to medical students at UCLan. Subsequently, focus group discussions were conducted with staff, and the results were analysed using a thematic framework. The majority of staff felt the Anatomage table to be a potentially cost-effective solution for medical schools without the facilities for cadaveric dissection. In addition, staff felt it mirrored one of the frequent modalities through which doctors are now exposed to anatomy, that is digital imaging. However, staff identified a steep learning curve for trainers to be competent at using the device. In conclusion, the Anatomage table is an innovative teaching tool with the potential