

Training in endoscopic ultrasound and adoption of educational theory

Dear Editor,

Malay Sharma *et al.* recently authored an in-depth review of pancreatic duct imaging by linear ultrasound.^[1] I congratulate the authors on this review and wondered if they would be willing to push this training study further.

Medical education has seen huge advances with regard to innovation and a focus more on active rather than passive forms of learning. Videos, for example are being utilized to supplement learning, yet remain a self-directed platform either online or via conference attendance. Video learning is essential in the procedural aspect of EUS yet to be successful it must rely on appropriate training methods. The flipped classroom is one of the examples of video-based learning where learners are provided videos before a teaching session with class time spent problem-solving with peers and the instructor. This approach has been praised for its potential in freeing up class time for knowledge application with teachers being allowed to teach and provide feedback as opposed to simply delivering information didactically.^[2] Further evidence has concluded benefits in terms of class attendance, students' learning, and perceived value.^[3]

Massive open online courses (MOOCs) are a second example where video learning can occur with learners on a global scale, viewing material, interacting with peers, and gaining accreditation accordingly. An AAMC report noted that MOOCs allow for increased course content access, learner convenience, "big data" learning analytics, global learner interaction, and access to expert faculty guidance regardless of location.^[4]

Mastery learning is a third example where learners undertake a pretest are delivered the curriculum in video form and are then posttested. Those that pass move to the next stage of their learning whereas those that do not undertake a repeat review of the curriculum and posttest. Mastery learning relies on "excellence for all," independent of a specific learning time, and can translate to improved patient care and safety.^[5]

It would be useful to assess which video methods prove useful in EUS training and why. Written forms of learning are valuable but are limited simply by information delivery as opposed to information processing.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Received: 2015-10-05; **Accepted:** 2016-05-17

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Access this article online	
Quick Response Code: 	Website: www.eusjournal.com
	DOI: 10.4103/2303-9027.191685

How to cite this article: Sharma N. Training in endoscopic ultrasound and adoption of educational theory. *Endosc Ultrasound* 2016;5:348.