Letter to the Editor: a Reply to “Ultrasound in Medical Education: Can Students Teach Themselves?”

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Dear Editor,

We are final year medical students who read with great interest the article by Cowan et al. [1]. Having witnessed the plethora of uses of ultrasound imaging on placement, we found this article to be particularly intriguing and would like to offer our student perspective.

At our medical schools, we receive ultrasound teaching throughout our years of study. This is often led by a facilitator. We find this to be very useful as it allows us to gain a deeper understanding of anatomy through imaging. We are guided by the expertise of the facilitator with ample opportunity to ask questions. Unsurprisingly so, ultrasound can be a useful aid for medical students when attempting skills such as cannulation [2]. It is important that as medical students and future doctors, we are not only able to understand foundations of scientific principles in depth but also utilise ultrasound machines at the bedside to understand the clinical relevance of what we are learning.

We have been taught that ultrasound is a skill which is heavily operator dependent. Therefore, when reading this study, it is important to consider that the test used after the teaching could have included an assessment of the student's ability to find different views of the heart and mechanical aspects of the scanning process such as holding the probe. By including a practical portion in the test, this would have allowed a more in-depth analysis of what method of ultrasound teaching is more effective. If the students can perform the practical skills, e.g., positioning of the probe, that could be an added measure of success of

a particular teaching method. Moreover, given the small sample size of the study, a practical assessment could have been helpful in more closely understanding the learning needs of medical students and what method of teaching is best. Participant satisfaction may not correlate with practical ability to utilise the ultrasound machine in a clinical setting; therefore, a practical aspect to the post-session test is needed.

Although a large proportion of students preferred the facilitator led session, as highlighted by Le et al. [3] simulator teaching could have a place in medical school curricula as a revision tool. Therefore, we would like to thank the authors for evaluating teaching methods for medical students and look forward to seeing future studies analyse the effectiveness of simulator and facilitated teaching.

Declarations

Ethical Approval NA.

Informed Consent NA.

Conflict of Interest The authors declare no competing interests.

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