

The group receiving traditional face-to-face teaching on ultrasound-guided vascular access, performed significantly better than those not receiving education” Lian et al (2017).

Abstract:

INTRODUCTION: Ultrasound is recommended to guide insertion of peripheral intravenous vascular cannulae (PIVC) where difficulty is experienced. Ultrasound machines are now common-place and junior doctors are often expected to be able to use them. The educational standards for this skill are highly varied, ranging from no education, to self-guided internet-based education, to formal, face-to-face traditional education. In an attempt to decide which educational technique our institution should introduce, a small pilot trial comparing educational techniques was designed.

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METHODS: Thirty medical students were enrolled and allocated to one of three groups. PIVC placing ability was then observed, tested and graded on vascular access phantoms.

RESULTS: The formal, face-to-face traditional education was rated best by the students, and had the highest success rate in PIVC placement, the improvement statistically significant compared to no education ($p = 0.01$) and trending towards significance when compared to self-directed internet-based education ($p < 0.06$).

CONCLUSIONS: The group receiving traditional face-to-face teaching on ultrasound-guided vascular access, performed significantly better than those not receiving education. As the number of ultrasound machines in clinical areas increases, it is important that education programs to support their safe and appropriate use are developed.

Reference:

Lian, A., Rippey, J.C.R. and Carr, P.J. (2017) Teaching medical students ultrasound-guided vascular access - which learning method is best? The Journal of Vascular Access. April 20th.



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