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Online learning, student engagement and evaluating training experience in the operating theatre

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Editorial

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Medical student early exposure and education in our specialty has been a regular topic in *The Journal of Laryngology & Otology* for decades, with concerns over the squeezing out of ENT in the student curriculum, with a reduction in duration of clinical exposure, even total removal, or relegation to 'an option'.[1] The coronavirus pandemic has exacerbated this pre-existing problem.[2] Apart from a clamour to keep ENT in the curriculum, measures to mitigate the erosion of ENT exposure have included simulation and online learning. This issue has an article from Sheffield (UK),[3] which analysed the benefit of online learning in raising confidence in ENT knowledge in a large cohort of students, finding a favourable outcome. The authors emphasise that this method of delivering education is not a substitute for clinical face-to-face teaching and clinical exposure.

The problem is not unique to the UK. This issue of *The Journal* also includes a paper from Yale University (USA), which addresses the need to engage students in the specialty at an early stage if interest in the specialty is to be sustained.[4] ENT is a highly competitive discipline in the USA,[5] more so than in the UK, and the study emphasises the importance of mentorship in generating interest.[6] Students were helped by involvement in a practical laryngoscopy workshop, and by an online system for accessing research and mentorship opportunities.

Having entered the specialty as a specialist registrar trainee (or resident in the USA), the problems are not over, with a crowded curriculum and expanding subspecialty knowledge in all surgical specialties vying for time during training programmes that show no sign of lengthening.[7,8] How is progress to be assessed during these programmes, and are assessment methods valid? How can a trainee be found to have reached the required standard despite a shorter training period and limited working week? Is the trainee working in an optimal operating theatre environment? A paper from Sunderland (UK) in this issue[9] describes, evaluates and validates a questionnaire tool for use in the operating theatre for trainees to examine their learning experience. This is applicable to trainee groups in other surgical disciplines, not just otolaryngology. The questionnaire has 27 items and has been fine-tuned by using feedback from focus groups, and incorporates non-technical factors in the operating theatre. Predictably, three themes were seen to be important: trainer support and supervision, opportunities to operate, and theatre atmosphere. There seems plenty of room for improvement, especially in the last item. Surgeons usually attend training in the importance of non-technical factors in surgery – this type of questionnaire will help tell us if we are learning the lessons properly from such initiatives.

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