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Abdominal Ultrasound Phantom – A Potential Training Tool

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Learning objectives

Purpose and Learning Objectives Purpose The purpose of this educational intervention was to evaluate the effectiveness of abdominal ultrasound phantoms as a simulation-based learning tool in the training of Medical Imaging and Radiology students. Abdominal ultrasonography is a highly operator-dependent modality, yet undergraduate training is often limited by restricted patient access, ethical considerations, and reduced opportunities for supervised practice [3,6]. Simulation-based learning offers a safe and reproducible environment for hands-on training, supporting experiential learning and skill acquisition [3,4]. By using a high-fidelity abdominal ultrasound phantom (Kyoto...

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Background

Background and Methods Abdominal ultrasonography is an essential diagnostic modality but remains highly operator-dependent, requiring well-developed technical, spatial, and interpretative skills. In undergraduate health education, training is frequently constrained by limited patient access, ethical considerations, and reduced opportunities for supervised practice, which may compromise students' preparedness for clinical ultrasound examinations [3,6]. Simulation-based learning, grounded in experiential learning theory, provides a safe and effective alternative by enabling repeated, hands-on practice without risk to patients [3,4]. Ultrasound phantoms replicate anatomical structures and tissue echogenicity, allowing learners to practice image...

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Findings and procedure details

The implementation of simulation-based training using the abdominal ultrasound phantom demonstrated positive educational outcomes across technical, cognitive, and affective domains. Comparative analysis of pre- and post-training assessments revealed a substantial improvement in students' theoretical knowledge and practical performance following the supervised simulation sessions. Students showed marked progress in the identification of abdominal anatomical structures and simulated pathological findings across multiple acoustic windows. Post-training results indicated improved accuracy in recognizing organs such as the liver, gallbladder, pancreas, kidneys, and major vascular structures, as well as increased consistency...

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Conclusion

This study demonstrates that simulation-based training using an abdominal ultrasound phantom is an effective and valuable educational strategy in the training of Medical Imaging and Radiology students. The use of a high-fidelity phantom enabled meaningful improvements in anatomical recognition, technical performance, and learner confidence, while providing a safe and controlled environment for repeated practice. The findings support the role of ultrasound phantoms as a complementary tool to traditional teaching methods, particularly in early stages of training where access to patients and supervised clinical practice may be...

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Personal information and conflict of interest

J. Pinheiro: Nothing to disclose A. D. M. Ribeiro: Nothing to disclose L. P. V. Ribeiro: Nothing to disclose

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Fig 1: Examples of Acquisition Planes

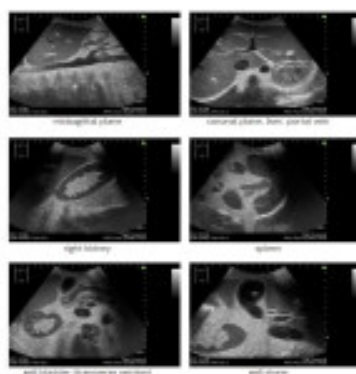


Fig 2: Anatomical structures and pathologies found in the phantom



Fig 3: Example Training



Fig 4: Example Training Session

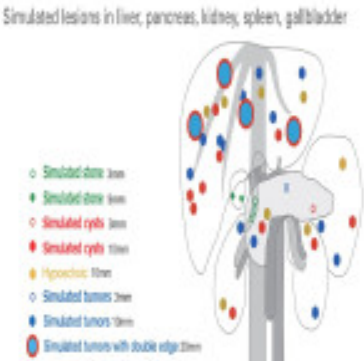


Fig 5: Simulated Images

Anatomical Structures	On Phantom (n=20) %	On Student (n=20) %	P-value*	IF
Liver	100	100	0.98	0.93
Liver segmental anatomy	87	75	0.88	0.40
Unicystic and hepatic venous systems	80	82	0.80	0.45
Liver ligamentum feni and ligamentum venosum	89	78	0.79	0.42
Biliary tract (gallbladder)	100	100	0.99	0.90
Biliary cystic duct	95	88	0.89	0.40
Biliary tract (intrahepatic and extrahepatic bile ducts)	92	78	0.81	0.40

*p < 0.05

Table 1: Anatomical Structures on both phantom and on students.

Pathologies	On Phantom (n=20) %
Hepatic Lesions (cystic and solid)	89
Gallbladder and bile duct stones	85
Pancreatic tumors (none invading the portal vein)	75
Splenic lesions	78
Both kidney lesions and left adrenal tumor	78

Table 2: Pathologies detected on Phantom

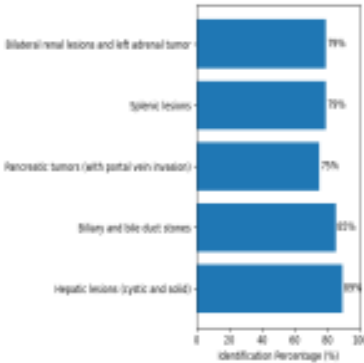


Fig 6: Identification of Pathologies on Phantom