

USEFULNESS OF E-LEARNING TO IMPROVE BILIARY CANNULATION TECHNIQUE FOR TRAINEES: A MULTICENTER PROSPECTIVE STUDY

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Poster

Hepatobiliary

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An e-learning video system for ERCP trainees significantly improved comprehension scores for biliary cannulation but did not reduce rates of difficult cannulation, failed cannulation, or adverse events in a multicenter prospective study of 12 endoscopists.

KEY POINTS

- Twelve endoscopists with less than 6 years of ERCP experience each performed 10 native papilla cannulations before and after completing 27 educational videos, with 120 procedures analyzed in each group
- Comprehension scores improved significantly after e-learning (median 5 vs 4, $P<0.01$) and higher comprehension correlated negatively with difficult cannulation ($P<0.01$, ROC AUC 0.72)
- Difficult cannulation occurred in 45% post-e-learning vs 54% pre-e-learning ($P=0.20$), failed cannulation in 28% vs 37% ($P=0.21$), and adverse events in 11% vs 9% ($P=0.53$), none reaching statistical significance
- Post-ERCP pancreatitis rates were 11% after e-learning versus 5% before ($P=0.15$, not significant)
- The study suggests e-learning may deepen understanding of biliary cannulation but technical skill acquisition likely requires additional training beyond knowledge improvement alone

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