

Ask the Ethicist: The Learning Curve

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Q: *All of my colleagues are talking about a new surgical procedure. I feel the need to learn it too, but how should an "old dog" learn new tricks?*

A: It is an enduring principle of medical ethics to put patients' interests first, so how can practitioners gain new proficiencies without unacceptable risk?

Within accredited academic medical centers, both patients and physicians are generally comfortable with trainees learning surgical skills, perhaps with the faith that competent supervision by senior clinicians confers acceptable safety. The validity of this assumption is supported by research on the resident "learning curve," demonstrating that with close supervision, complication rates reflect that of the attending surgeon rather than an inexperienced trainee. After residency, practitioners who wish to assimilate new techniques bear the responsibility for managing their own learning curve while also protecting patients' interests.

In your practice, a review of the professional literature may be sufficient for minor modifications of existing procedures. For more significant innovations, a program of self-directed study is recommended, including literature, video, didactic and practical instruction courses and, ideally, the assistance of a mentor. A mentor can be an experienced and trusted colleague who will assist in surgery and discuss technical problem areas.

Patient selection for initial cases should be based on anticipated technical difficulty. Candidates who exert additional pressures through anxiety or demanding personalities may not be suitable.

In the process of informed consent, the surgeon should accurately disclose his or her level of experience with the new technique. For minor modifications, it may be appropriate to state that one is modifying a familiar technique, though significant innovations to one's experience should be presented as such without misrepresentation. The role of a mentor, if any, also should be disclosed.

Carefully evaluate results of early cases, with a view toward fine-tuning techniques. If a significant complication occurs, appropriate disclosure to the patient is ethically mandatory, as is prompt management, either personally or by referral as necessary.

For more information about the learning curve, visit www.aao.org/about, click "Ethics," "Advisory Opinions" and "Learning New Techniques after Residency." To submit a question for this column, contact the Ethics Committee staff at eyenet@aao.org.