Advisory Opinion of the Code of Ethics

Subject: Learning New Techniques Following Residency

Issues Raised: What are the ethical and practical aspects of learning new techniques following residency and what is the ophthalmologist's responsibility to patients, colleagues, and himself/herself with respect to the "learning curve"?

Applicable Rules: Rule 1. Competence
Rule 2. Informed Consent

Background
The technology available to ophthalmologists continues to develop rapidly. It is usually not difficult for experienced ophthalmologists to assimilate new modifications of familiar techniques. Occasionally, however, new techniques require the development of skills that differ significantly from current skills, and formal study should be undertaken to achieve competence. Although recent literature addresses the learning curve in resident surgical experience, there has been less discussion about the established practitioner who wishes to learn a new technique. This Advisory Opinion suggests an approach to learning new techniques after residency and discusses the related ethical concerns. As an advisory opinion, this document does not intend to restrict or regulate practices, nor should it be used for the purposes of medical-legal actions.

General Discussion
When a new technique is shown to be superior to an older one, its benefits for patients should be considered. This creates a dilemma for the experienced ophthalmologist who is not facile with the newer technique—that is, whether to incorporate the new technique into his or her practice or to refer the patient to a colleague who is proficient in the technique. Care of the patient must be foremost. However, the ophthalmologist must also consider his/her own career and decide whether the additional stress and disruption of learning a new technique is in his/her professional interest.

When an ophthalmologist decides to incorporate new techniques or technology into his/her practice, a commitment to formal study is strongly recommended. The extent of the formal study depends on the degree to which the new technology varies from previously learned skills. Suggested resources for study may include courses and skills transfer sessions, surgical simulators, slide scripts, videotapes and self-assessment materials, assistance of a skilled mentor, and review of initial cases with a mentor. Some new technology may require specific certification. Certification is a symbol of successful completion of a program of study, but successful completion of any one or more training components or objectives does not necessarily signify an individual's clinical competence in a specific procedure or technique. Areas of competency or user proficiency include patient selection, preoperative evaluation and preparation, familiarity with instrumentation, surgical skills/judgment, safe, expeditious completion of the procedure, a postoperative plan, and complication avoidance.

Appropriate patient selection is a particularly important factor in ensuring success in using these
new skills with early cases, in building confidence in performing the technique, and in reducing the likelihood of complications. Patient selection should initially be made on the basis of anticipated technical difficulty. Additionally, patient personality should also be considered; patients who exert additional pressures through their anxiety, impatience, or a demanding style may not be suitable candidates.

Of special consideration is the process of providing appropriate informed consent. The ophthalmologist should disclose his/her level of experience as a surgeon and level of experience with a new technique. An experienced surgeon can appropriately inform the patient that he/she is modifying or improving a portion of an otherwise familiar procedure. When discussing success rates for a given procedure, it may be appropriate to provide data from more experienced surgeons, provided, however, that the less experienced surgeon does not imply that these success rates are his/her own. The patient should be made aware of the mentor's role, if any, as part of the surgical team.

The operating surgeon should carefully evaluate patients postoperatively during the learning period. If a serious complication occurs, appropriate disclosure to the patient is an ethical imperative, as is prompt management. A second opinion about management of the complication might be obtained from a mentor, or, if complications are severe, referral for subspecialist care may be necessary depending on the problem and the desires of the patient. Dispassionate assessment and understanding how a complication arose will help avoid future complications.

The ophthalmologist is ready to perform a new technique when he/she is sufficiently proficient. Typically, hospitals have stringent guidelines governing acquisition of new procedures, usually under the supervision of the department chief. Managed care entities may have their own guidelines, and these should be reviewed carefully.

A learning curve is an integral part of acquiring new skills, and all ophthalmologists work through this process at various stages in their careers. A careful, honest, and ethical approach will distinguish the competent ophthalmologist as he/she learns a new technique. The foregoing suggestions will help place the patient first, minimize the risk of complications, and allow the ophthalmologist to gain technical expertise with confidence.

**Applicable Rules:**

*Rule 1. Competence.* An ophthalmologist is a physician who is educated and trained to provide medical and surgical care of the eyes and related structures. An ophthalmologist should perform only those procedures in which the ophthalmologist is competent by virtue of specific training or experience or is assisted by one who is. An ophthalmologist must not misrepresent credentials, training, experience, ability, or results.

*Rule 2. Informed Consent.* The performance of medical or surgical procedures shall be preceded by appropriate informed consent.

**Other References:**

*Principle 1. Ethics in Ophthalmology.* Ethics are moral values. An issue of ethics in ophthalmology is resolved by the determination that the best interest of the patient is served.

*Principle 7. An Ophthalmologist's Responsibility.* It is the responsibility of the ophthalmologist to act in the best interest of the patient.

*Rule 3. Research and Innovation.* Research and innovation shall be approved by appropriate review mechanisms to protect patients from being subjected to or potentially affected by inappropriate, ill-considered, or fraudulent basic science or patient-oriented research. Basic science and clinical research are conducted to develop adequate information on which to base prognostic or therapeutic decisions or to determine etiology or pathogenesis, in circumstances in
which insufficient information exists. Appropriate informed consent for research and innovative procedures must recognize their special nature and ramifications. In emerging areas of ophthalmic treatment where recognized guidelines do not exist, the ophthalmologist should exercise careful judgment and take appropriate precautions to safeguard patient welfare.


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