

## **Advisory Opinion of the Code of Ethics**

### **Learning New Techniques Following Residency**

#### **Issues Raised:**

What are the ethical and practical aspects of learning new techniques and what is the ophthalmologist's responsibility to patients, colleagues, and him or 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 prior experience, 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.

#### **General Discussion**

When a new technique is shown to be superior to an older one, its benefits should be considered for our patients. 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/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 reflect upon his/her own career, deciding whether the additional stress and disruption of learning a new technique is in his/her professional interest.

When a decision is made to incorporate new techniques or technology into one's practice, a commitment to formal study is strongly recommended. The extent of the formal study depends upon the degree to which the new technology varies from previously learned skills. Suggested resources may include skills transfer courses, slide scripts, videotapes and self-assessment materials, assistance of a skilled mentor, and review of initial cases with a mentor.

Appropriate patient selection is a particularly important factor in assuring success 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; those 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 or 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 the less experienced surgeon does not imply these success rates as 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 has occurred, 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 upon 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 or 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 or 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. Clinical Trials and Investigative Procedures. The use of clinical trials and investigative procedures shall be approved by adequate review mechanisms. Clinical trials and investigative procedures are those 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 these procedures must be recognized by their special nature and ramifications.

American Academy of Ophthalmology Advisory Opinions of the Code of Ethics, Clinical Trials and Investigative Procedures, Informed Consent, and Appropriate Examination and Treatment Procedures.

American Academy of Ophthalmology Policy Statement, Unique Competence of the Ophthalmologist.

**Approved by:** The Board of Trustees, September 1997  
**Revised & Approved by:** The Board of Trustees, November 2003  
**Reaffirmed by:** The Board of Trustees, May 2007