

Peer Review File

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Reviewer A

Medical Ethics are and should be taught in Medical School; there is nothing special about ophthalmology that we need, I believe, to develop a special curriculum confined to ophthalmology. I believe the curriculum designed by AAO and other suggested readings should suffice and be part of the curriculum at all Residency Programs in the States and elsewhere for standardized teaching and learning.

The analogies used and the writing itself are a good literary reading, not a scientific reading.

Reply 1: We also learn eye anatomy in medical school but repeat it during ophthalmology residency education. There are certainly ophthalmology-specific ethical issues that can be taught through didactic sessions, clinical sessions, or by role-modeling. Programs can decide to simply assign the AAO Code of Ethics (and hope/assume that the residents read it, ask no questions, and are ethically sound), or they can actively generate a curriculum appropriate for their learners.

Reviewer B

In this “brief report” entitled, "Designing a medical ethics curriculum in ophthalmology", Gearing provides a guide to developing an ethics curriculum for ophthalmology training programs. This essay suggests that medical ethics should receive more attention in ophthalmology training and proposes ‘backwards design’ as an approach to curriculum development. A limitation of this proposal is that the Association of American Medical Colleges currently requires ethics training in medical schools, which raises concerns of redundancy with existing medical school curriculum especially very limited didactic time in residency. Moreover, this was submitted as a brief report but it is not a report of any specific findings. It is essentially an opinion essay and may be better suited as a letter to the editor.

Reply 2: See Reply 1 above. The paper was meant to be part of the “Improving Teaching Skills in Ophthalmology” series edited by Dr. Karl Golnik, Dr. Yip Chee Chew, Dr. Ana Gabriela Palis and Dr. Meena Swaminathan. As such it is essentially a review/opinion essay and not a scientific paper. Apply comments to “Major Points” below, as well.

Major Points:

-Overall the author does not make a strong case for the need for a medical ethics curriculum during ophthalmology residency. There is already substantial preclinical

and clinical medical ethics training in medical school which covers a lot of the topics discussed (e.g. beneficence, etc.).

-There needs to be a better introduction and better discussion describing what is done now, what is being proposed in light of other literature on medical ethics in medical school and residencies, etc.

-There should also be citations throughout the article, and discussion of research studies on relevant topics.

-The author has not performed a needs assessment. Both a needs assessment and a feasibility assessment would be an important first step and could be reported in a brief report. For example, semi-structured interviews could be conducted with key stakeholders to determine what are the gaps and what those stakeholders believe is actually feasible/achievable, and then this could be reported.

-The proposed curriculum also seems overly ambitious. OSCE for example is an unrealistic expectation for a clinical residency program and is already done in many medical schools. Extra ethics exams during residency seem burdensome.

Abstract:

Page 2, Line 23: Is it true that most faculty have no formal training in medical ethics? Is there evidence that supports this? We have required ethics curriculums in medical schools and during intern year. We also have required IHI modules during residency that address ethics and includes discussion of the Belmont report and Nuremberg code.

Reply 3: Corrected to state “no formal degrees in medical ethics”

Text:

Page 4, Line 59: “If not, teachers will simply deliver information and blindly hope that they have taught ethics.” This seems to be a charged statement and could be better reworded to convey that teaching methods may be ineffective without appropriate goals.

Page 15, Line 281- It may be helpful to have some examples of ethics articles for journal clubs.

Reply 4: The literature is ever-evolving and programs can be at liberty to select relevant and up-to-date articles. Ethics journals are provided in the suggested readings.

Page 16 Line 286: It could be helpful to define some “other related medical professionals”.

Reply 5: Done

-A flow diagram of how the curriculum is designed would be helpful.

Minor points:

Page 5, Line 84: Sentence needs a period.

Page 8 Line 164, Page 15 Line 277, Page 17 Line 316, Page 21 Line 364: Should be Nuremberg code, not Nuremburg code.

Page 11, Line 192: It may be helpful to define Likert scale as “Strongly agree, agree, neutral, disagree, or strongly disagree”.

Page 11, Line 193-195: Sentences need periods.

Page 15, Line 282: Needs a period. I may be overdoing this point.

Page 16, Line 297: Needs a period.

Reply 6: All added/corrected. Most Likert stems do not include ending periods, would defer to your style guide.