



Characterizing the Learning Curve for Performing Surgical Airway Management

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Introduction

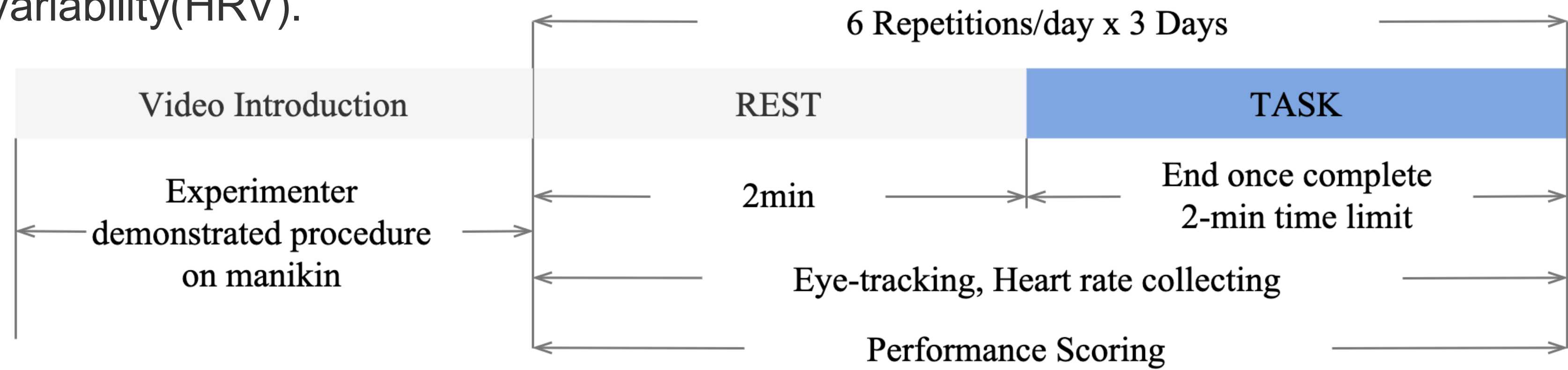
- Cricothyrotomy (CCT) is a lifesaving emergency airway procedure with rare incidence and poor success rates, reported at 66% in the US military and 75% in UK hospitals^[1-3].
- Non-invasive physiological measurements have shown associations with surgical expertise; however, validation across medical skills is limited and evidence in critical airway procedures is lacking^[4].

Objective:

- Examine the learning curve of behavioral performance and the associated changes in physiological responses during longitudinal surgical airway management skill training.

Methods

- 10 medical students** completed three days of CCT training, performing six repetitions per day on a manikin, with each trial limited to 2 minutes.
- Measures:** Performance (completion time, errors, correct steps); Eye-tracking, Heart rate variability(HRV).



- Statistical Analysis:** Completion time across the 18 repetitions was modeled using Pegels' discrete exponential learning curve model^[5]. HRV, gaze metrics and completion time at the first repetition and the last (6th) repetitions of each day were compared using a repeated-measures analysis of variance (ANOVA). A one-sample t-test was used to compare the values with the mean performance data of emergency medicine residents from our previous study^[6].

Eye-tracking glasses

Chest strap monitor

Sim Man 3G manikin

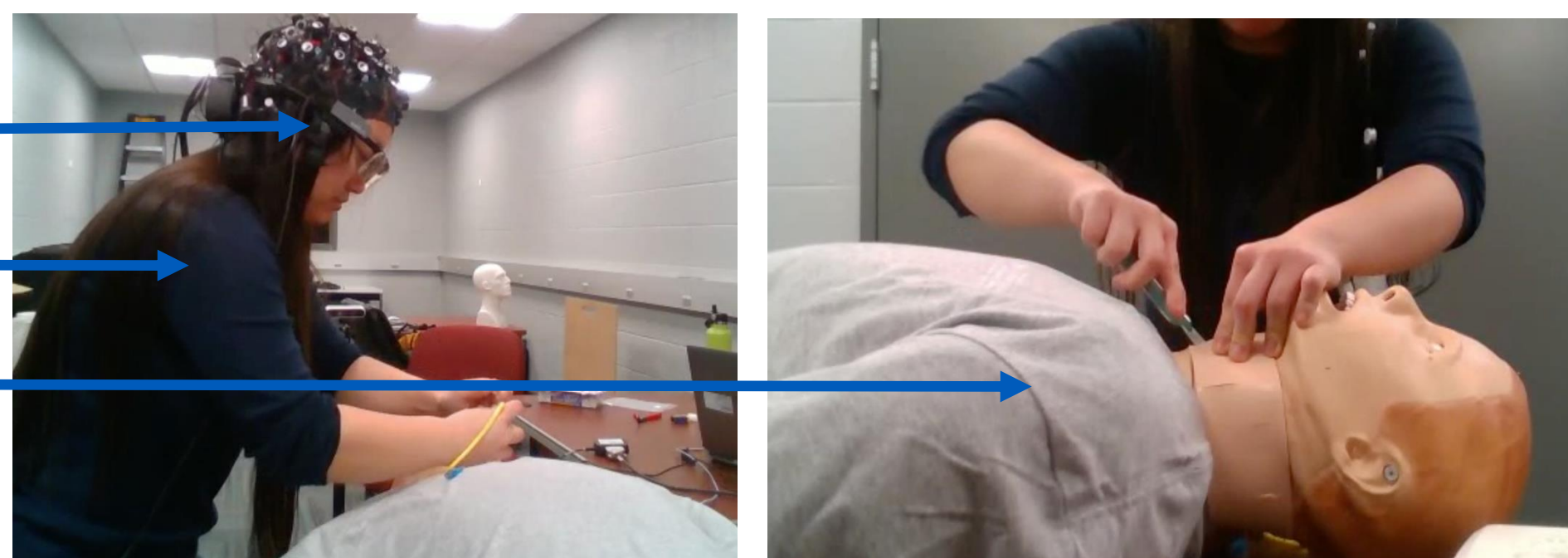


Figure 1: Experimental setup.

Results

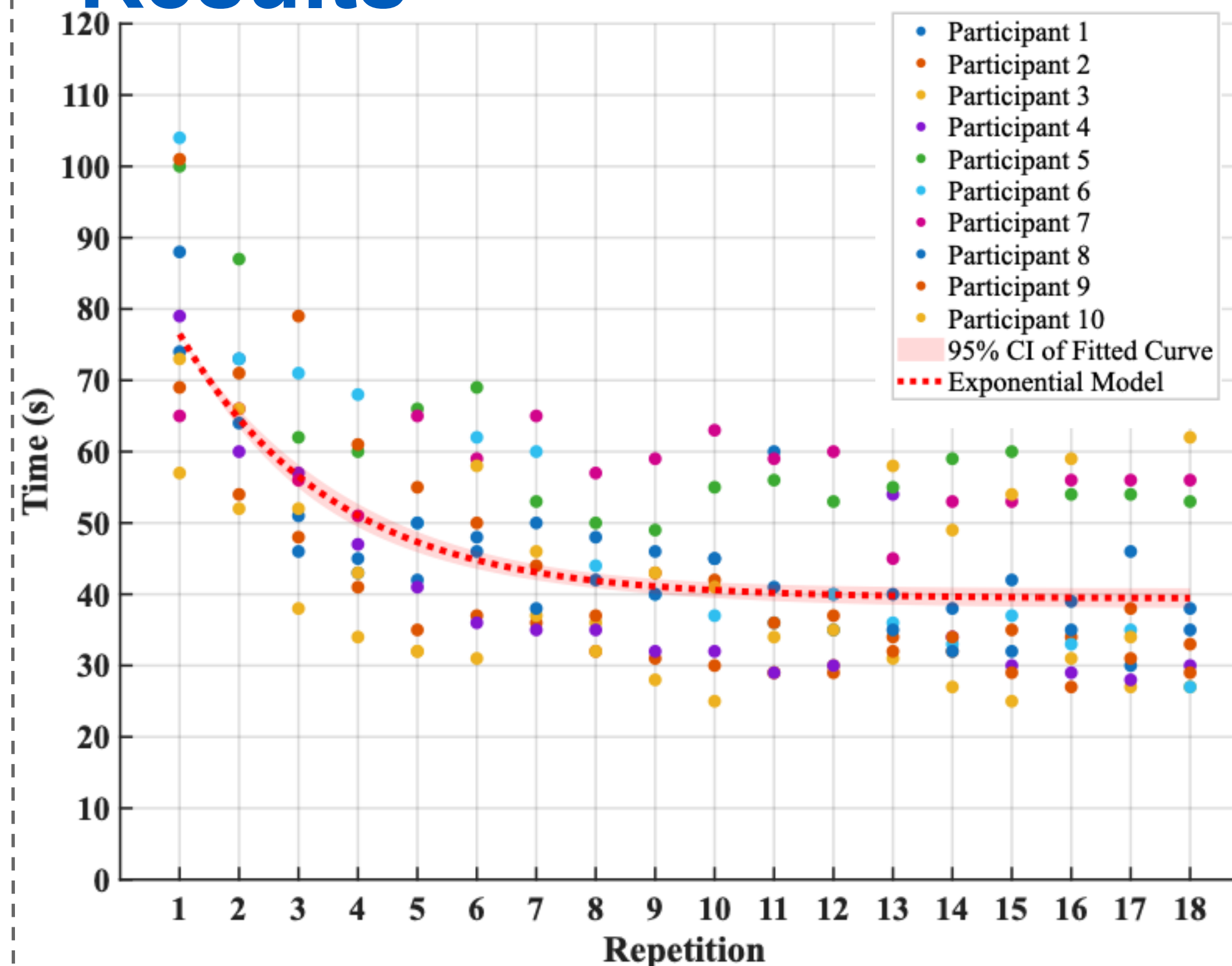


Figure 2: Completion time curve. Parameter uncertainty and confidence bands were estimated using the Jacobian-based covariance matrix.

$$t_n = 0.68^{n-1}(t_1 - 39.4) + 39.4$$

t_1 is the completion time of first trail
 n is the repetition count

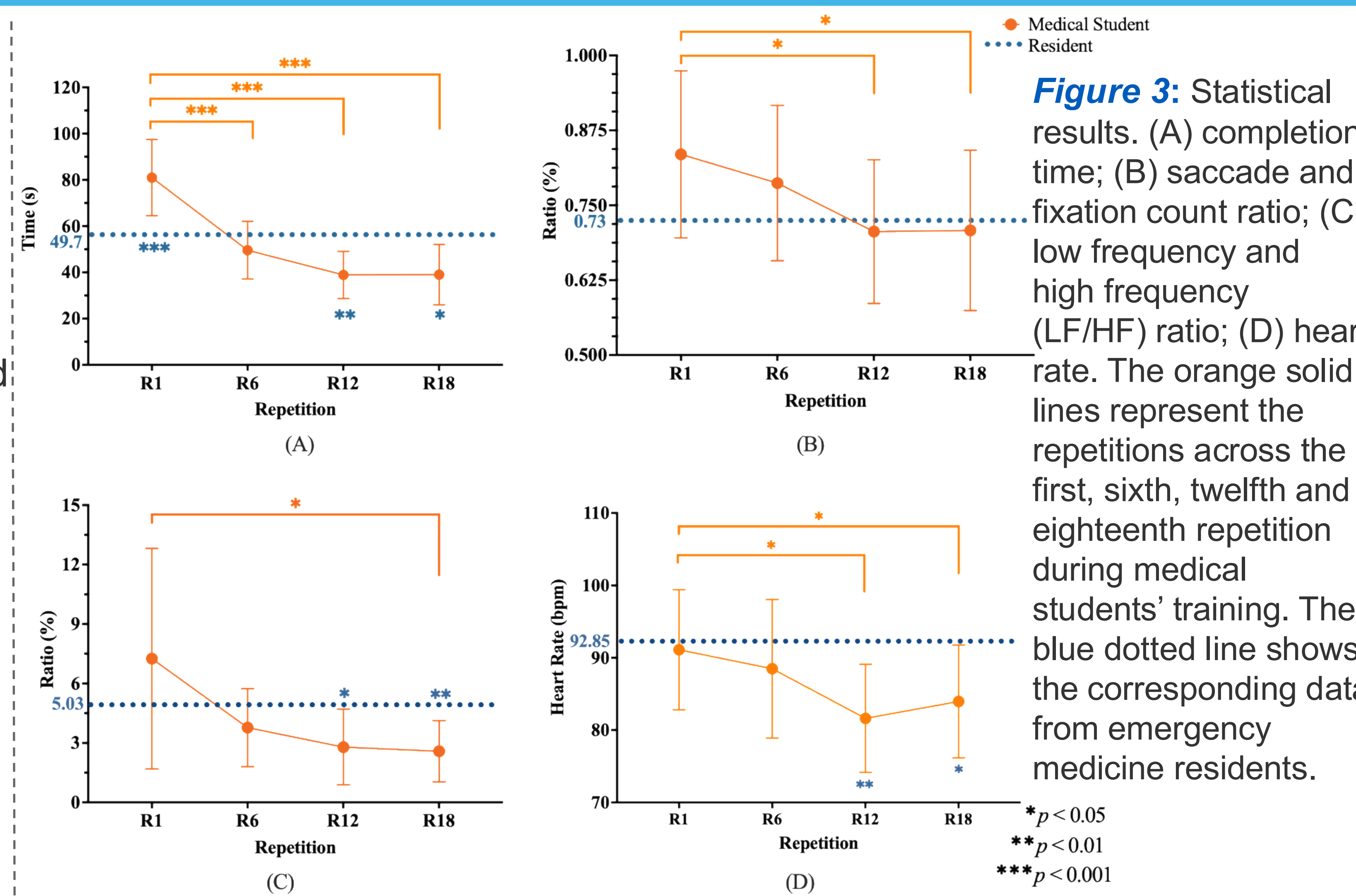
Function 1: Completion time prediction model.

- The learning curve of completion time over eighteen training trials showed a dynamic pattern in which completion time dropped rapidly and significantly ($p < 0.05$) during the first day, reached a level comparable to that of residents by the sixth repetition ($p > 0.05$), and shifted to a more gradual rate of improvement thereafter. (Fig. 3A).
- A modest increase in completion time was also observed at the onset of the second and third days, suggesting a potential forgetting effect between days.

- Completion Time Curve:** The exponential learning curve modeling, implemented within a nonlinear least-squares regression with random intercepts to account for between-participant variability, provided a strong fit to the pooled trial-level data ($R^2 = 0.83$, RMSE = 6.35). Parameter estimates indicated **0.68 learning rate** (95% CI [0.64, 0.72]), with performance approaching an **asymptotic completion time at 39.4 seconds** (95% CI [38.01, 40.83]). (Fig. 2).

Conclusion

- The learning curve of CCT technical skill acquisition showed a **rapid and significant improvement on the first day, followed by a slower progression that eventually plateaued**.
- Contrary to performance, stress adaptation and attention distribution, as reflected by HRV and gaze behavior, emerged from the outset, but required a longer duration to achieve stable adaptation.



- Heart Rate Variability - Stress Adaptation Curve:** The HRV measures indicated that heart rate and the LF/HF ratio exhibited significant reductions by the twelfth ($p=0.01$) and eighteenth ($p=0.04$) repetitions, respectively, suggesting a shift toward parasympathetic predominance and improved stress adaptation. (Fig. 3D).
- Gaze Pattern - Attention Regulation Curve:** The significant decrease in the saccade-to-fixation count ratio indicated enhanced fixation stability and reduced scanning behavior. (Fig. 3B).

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