

Surgical society releases new recommendations for transition of senior surgeons

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Age-related declines in cognitive function and psychomotor performance are important considerations in many professions,

including medicine. However, few guidelines exist for translating performance observations into the medical profession, and specifically, the appropriate monitoring of physician performance. Following a panel discussion and subsequent survey of their membership, the Society of Surgical Chairs developed recommendations for the transitioning of the senior surgeon. These recommendations were published today in *JAMA Surgery*

Dr. Todd Rosengart, president of the Society of Surgical Chairs and chair and professor of the Michael E. DeBakey Department of Surgery at Baylor College of Medicine, served as the first author of the paper.

"As opposed to many industries that impose mandatory retirement, like the aviation industry where the competency of operators can impact client safety, such measures, as detailed in our paper, do not exist in the healthcare industry," Rosengart said. "The measures proposed in our paper are designed to improve the well-being of patients and physicians alike."

Currently, there are no reported age-related mandatory institutional retirement requirements for U.S. [surgeons](#). The Society of Surgical Chairs surveyed its membership in 2018 to collect data on the management of the senior, aging surgeon. The [online survey](#) received a response rate of 60 percent, and the recommendations were made based on the survey results and a panel discussion.

The recommendations provide a method for surgery departments and their institutions to facilitate a well-planned and gradual transition of senior surgeons to non-clinical roles in the face of declining operative and clinical skills. These recommendations take into consideration the need to respect the professional commitment of senior surgeons while prioritizing patient safety. The society offered six recommendations:

- **Career Planning:** Begin discussions early in the careers of surgeons to establish transition plans as a senior surgeon.
- **Financial Planning:** Offer early career financial planning and counseling to ensure financial stability.
- **Confidentiality:** Conduct conversations with senior surgeons privately and confidentially out of respect for their professional commitment and intentions.
- **Non-Clinical Roles:** Create and promote opportunities for clinically inactive or partially active senior faculty. Examples include teaching, research, roles in department or institutional administration and mentoring.
- **Privileging:** Consider changing a senior surgeon's clinical privilege from primary surgeon to consultant or first assistant. Consider restricting cases to those of lesser acuity.
- **Cognitive and psychomotor testing:** Implement uniform cognitive and psychomotor testing by at least 65 years of age. This can be a part of ongoing professional practice evaluation.

"These recommendations represent a fundamental new look at how to address the challenges and opportunities afforded by an increasingly large proportion of the physician population. With this proactive approach, we can significantly enhance the ongoing contributions of senior surgeons and physicians," Rosengart said.

The paper's authors recommend that national board certification organizations consider recommendations regarding incorporation of cognitive and psychomotor competency into the hospital recertification process and the leadership of departments of surgery work with hospital leadership toward this goal and the implementation of the proposed transition processes into interactions with their medical staff.

More information: Todd K. Rosengart et al. Transition Planning for the Senior Surgeon, *JAMA Surgery* (2019). [DOI:](#)

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