

## Information Statement

# Career Transitions for Orthopaedic Surgeons

*This Information Statement was developed as an educational tool based on the consensus opinion of the authors. It is not a product of a systematic review. Readers are encouraged to consider the information presented and reach their own conclusions.*

### Introduction

End of career decisions and transitions can be daunting. Many of us avoid thinking through and discussing these issues. That said, all orthopaedic surgeons will move through life's stages and transitions including the end of time in the operating room. The surgeon workforce is aging, with currently 10% of surgeons in the U.S. over the age of 70. Within the AAOS 16% of members in active practice are over the age of 65. Aging is associated with variable, but inevitable, decline in cognitive function and psychomotor performance.

***The AAOS believes that thoughtful and appropriate career transitions ensure patient safety as well as provide the surgeon a rewarding and dignified experience as they move toward retirement.***

### Transition planning should start early and continue throughout our careers

Like saving for retirement, the practice of medicine--surgery in particular--benefits from long-term planning, discipline and commitment. There is also a benefit to periodic assessment of performance with subsequent adjustment of goals and plans. The iterative process of assessment and practice modification ideally occurs throughout the entire span of a surgical career.

Continued practice evaluation occurs with our privileges at hospitals in some capacity. All hospitals require new practitioners to have a Focused Professional Practice Evaluation, usually within the first six to twelve months of practice. Moving forward, physicians with hospital privileges have an annual practice assessment in the form of an Ongoing Professional Practice Evaluation. These Joint Commission required assessments of credentialed physicians are one component of practice assessment. Professional societies also can help guide physicians through self-evaluation.

As the largest body of organized medicine for orthopaedic surgeons, the AAOS can provide guidance regarding transition planning and assessment for orthopaedic surgeons. The AAOS encourages surgeons at the various stages of their careers to undergo both self-assessment as well as external assessment. In addition, it is important to be sure that surgeons are still deriving purpose, meaning, and joy from work.

Considering an orthopaedic career in thirds (early stage, middle stage and later stage), opportunities arise to provide guidance appropriate for each stage.

## **Early Career Stage**

During the first 5 years in practice, surgeons most likely will benefit from mentoring and input from more experienced colleagues. Senior mentors can share their experiences and wisdom for diagnostic dilemmas, communication strategies, and technical expertise. Junior surgeons also often learning the nuances of building and running a practice. For the first time, surgical procedures are being performed independently. It is in this stage that early career surgeons may stand to benefit most from technical coaching or mentoring from a more experienced partner or faculty member.

## **Mid-Career Stage**

Between the time of settling into practice until the time surgeons start cutting back is likely the longest stage of the professional career. This is a time when surgeons may be able to serve as a mentor or coach for less experienced colleagues, and may be the stage of peak performance in the OR, with the acquired experience and refined surgical skills.

## **Senior Stage Career**

All surgeons will transition to a more senior stage of their careers. These transitions occur in all professions, such as professional athletes, business professionals, and laborers. How individuals respond to these natural transitions may be different. Ideally, the transitions are acknowledged and planned for. In order to prepare and maximize contributions to patients and the profession, this is an ideal time to engage a younger partner, ideally one who is in the middle career phase. The goal of this engagement is to have a partner or faculty member who can help assess the senior mentor's surgical proficiency and provide honest feedback regarding the ability to perform surgery independently. Most important is a willingness to accept and respond to these critiques. Although this transition will occur at different times for everyone, consideration of this type of assessment in early to mid-sixties is suggested. Many surgeons remain safe and effective at this age and beyond, but it is important to acknowledge that the decline associated with human aging is inevitable.

## **Cognitive and psychomotor function decline with age**

It is well documented that cognitive function and psychomotor performance decline with age. The age of onset and progression of decline is variable. Decline can start as early as age 40 and certainly by 75 years of age.

Many industries have mandatory age-based restrictions or retirement. For example, the Federal Aviation Administration mandates retirement of commercial pilots at age 65 and of air traffic controllers at age 56. FBI special agents and national park rangers have a required retirement age of 57. Some states have a required age retirement for volunteer firefighters. In contrast, within surgical specialties, there has been relatively little guidance (until relatively recently) from professional societies or regulatory agencies.

We do not support mandatory age-based retirement, because this policy can be discriminatory and because it prevents able senior surgeons from practicing and contributing to the workforce. That said, surgeon physicians often have poor insight into their own decline with age (Davis et al, 2006). In recent years, there is increased attention on how this decline can impact quality and patient safety. Multiple organizations have considered or recommended age-based screening for cognitive and psychomotor impairment (American College of Surgeons, American Board of Neurological Surgery, American Medical Association). Some institutions have already established programs for performance assessment of senior surgeons and physicians (The Aging Surgeon Program at Sinai Hospital, Late Career Practitioner Policy at Stanford Health).

The Aging Surgeon Program at Sinai Hospital

(<http://www.agingsurgeonprogram.com/AgingSurgeon/AgingSurgeon.aspx>) invites surgeons to take a two-day test rating their physical and cognitive abilities. They assess hearing, vision as well as hand-eye coordination, and the results are confidential, provided only to the individual requesting the exam.

Stanford Health created the Late Career Practitioner Policy, requiring physicians over the age of 75 to be screened every two years. This policy has a peer assessment, a comprehensive history and physical exam, and a cognitive screen.

Cognitive and psychomotor testing can be utilized as a part of an ongoing professional practice evaluation. Ideally, this is a peer-based process which considers the entire scope of the surgeon's practice. Hopefully, many surgeons will voluntarily take part in this type of evaluation. The recommended age for mandatory screening has ranged from 60-75. The AAOS recommends that each institution consider incorporating validated screening tools for cognitive function and psychomotor performance into their ongoing professional practice evaluation for all surgeons, starting at a set age (between 65 and 70).

### **Foster/encourage modified clinical and non-clinical roles for senior surgeons within the organization and outside**

It is critical that surgeons have options to smooth these transitions. Modified clinical roles could include reduced call or hours, deferring complex surgical cases to other colleagues, and even non-operative roles. Senior surgeons, even if less clinically productive than earlier in their careers, can offer so much value. Teaching can be impactful and rewarding for these surgeons who have decades of experience. Many organizations need physicians to help in non-clinical work in administration and leadership. These roles can be ideal for senior surgeons who have institutional relationships and experience, and fewer clinical responsibilities.

It is important to remember that surgeons can find rewarding work outside of medicine as well. Whether leading in their communities, or volunteering overseas, many senior surgeons find important and rewarding work outside of orthopaedic surgery.

The American College of Gynecologists recommend workplace adaptations to help physicians' transition and age well in their practice. They also recommend hospitals address the provisions of the Age Discrimination in Employment Act, making sure assessments are equitably applied to all physicians, regardless of age.

The AMA recommends senior physicians use simplified documentation forms, have decreased case load or time demands, and have narrowed or limited scope of practice.

Other adaptations can include retiring from intense or new procedural activities, avoiding isolation in areas of unfamiliar practice, using memory strategies, minimizing night duties and maintaining consistent hours, and exchanging clinical duties for more teaching and administrative tasks.

Volunteer opportunities allow senior physicians to remain active after retirement.

Ultimately, the goal of any physician or surgeon is to provide the best care to our patients. It is imperative that we not only acknowledge that skills will eventually decline, but that preparations are made for the inevitable. Responsibility lies with both the individual surgeon as well as with our societies and organized medicine. The AAOS endorses active engagement in the process of career transition and hopes to provide some guidance in the assessment and planning of these transitions.

## References

1. Davis DA, Mazmanian PE, Fordis M, et al. Accuracy of physician self-assessment compared with observed measures of competence: a systematic review. *JAMA*. 2006;296(9):1094-102.
2. <https://www.ama-assn.org/practice-management/physician-diversity/competency-and-retirement-evaluating-senior-physician>
3. <http://www.agingsurgeonprogram.com/AgingSurgeon/AgingSurgeon.aspx>
4. <https://stanfordhealthcare.org/health-care-professionals/medical-staff/medstaff-update/2012-august/stanford-to-implement-a-late-career-practitioner-policy.html>
5. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Patient-Safety-and-Quality-Improvement/The-Late-Career-Obstetrician-Gynecologist?IsMobileSet=false>
6. Transition Planning for the Senior Surgeon: Guidance and Recommendations from the Society of Surgical Chairs, Rosengart et al, *JAMA* 2019
7. The Aging Neurosurgeon: When Is Enough, Enough? Attitudes Toward Ceasing Practice and Testing in Late Career; Babu et al., *Mayo Clinic Proc*. 2017
8. The Aging Surgeon: Implications for the Workforce, the Surgeon, and the Patient; Paul J. Schenarts, MD\*, Samuel Cemaj, MD; *Surg Clin N AM* 2016
9. Statement on the Aging Surgeon; The American College of Surgeons; January 2016

10. The Aging Surgeon; Mark R. Katlic, MD, and JoAnn Coleman; Advances in Surgery, 2016

© June 2020 American Academy of Orthopaedic Surgeons®.

This material may not be modified without the express written permission of the American Academy of Orthopaedic Surgeons.

Information Statement 1053

For additional information, contact the Marketing and Communications Department at 847-384-4036.