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Commentary: Don't be afraid to call a friend

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All you have to do is call

And I'll be there

You've got a friend.

Carole King, "You've Got a Friend"

Moon asserts that surgeon experience is important in outcomes following reoperative cardiac surgery.¹ There is an initial learning curve followed by optimal performance at mid-career, followed by a decline during senior years. In his previous publication addressing operative mortality after reoperative cardiac surgery, he noted observations in 2314 patients with 34 different surgeons over a 33-year period.² He noted higher standardized mortality ratios in the young surgeon group (0-4 years' practice) and the oldest group (29-39 years' practice), and the lowest in the mid-career group (9-17 years' practice). He suggests that surgeons at the early phase of their careers may have less technical proficiency and surgeons in the late phase may have a decline in physical stamina and cognition that affect outcomes in challenging redo cardiac surgery.

Our specialty maintains an intense focus on outcomes after surgery, and anything that is suggested to be associated with less-than-perfect outcomes is the target of focused attention. With increased scrutiny associated with publicly reported outcomes and expected first-time

An early-career surgeon benefits from the wisdom of more senior surgeons.

CENTRAL MESSAGE

Early- and late-career surgeons can combine forces to mitigate suboptimal outcomes due to inexperience or cognitive decline and reduced physical stamina, respectively, during complex cases.

coronary artery bypass grafting operative mortality <1% (even when this might only be achieved in 60% of patients³), evidence suggesting we may not be performing at optimal capacity is worrisome. Patients presenting for surgery now tend to be sicker than prior years with a higher percentage of patients undergoing percutaneous coronary intervention before coronary artery bypass grafting, older age, more shock or congestive heart failure upon presentation, more chronic kidney disease, more left main disease, and urgent surgery.⁴⁻⁷ These high expectations and higher stakes are magnified with reoperative cardiac surgery. Combining increased transparency of outcomes, high expectations for perfect outcomes, and sicker patients with a focus on potential influence of surgeon experience may lead to future external measurement and monitoring of surgeon technical performance and outcomes throughout a surgeon's career. Moon noted in a 2014 commentary that there is currently no method of assessment of a cardiothoracic surgeon's technical skill before board certification and practice.⁸ Rosengart and colleagues^{9,10} have noted the importance of having our own societies and certification bodies serve as the leaders in instituting surgeon technical and cognitive testing and implementation of policies to address this issue before the imposition of such processes upon our surgical

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FIGURE 1. An early-career surgeon benefits from the wisdom of more senior surgeons. Dr Lawton with mentors Drs Ralph Damiano and Michael Pasque.

workforce.¹¹ Such potential future external monitoring will need to be appropriately developed and validated. These efforts will be aided by the data provided by Moon and colleagues.²

Moon^{1,2} offers several solutions to mitigate the lack of experience in early-career surgeons or the physical and cognitive strain on senior surgeons, such as selecting an experienced team or teaming an early-career surgeon with a late-career surgeon to provide mentorship and physical and mental support. He notes that “teaming early-career with late-career surgeons may improve results at both ends of the spectrum.”¹ For a younger surgeon, asking an experienced surgeon to scrub in for a redo case can bring patience, wisdom, and important decision making guidance. For an older surgeon, calling in a younger partner can bring energy, stamina, cognitive sharpness, and novel and innovative technical strategies to the reoperative case. They provide synergistic benefits to each other, and most importantly, the patient. Thus, both early- and late-career surgeons should not be afraid to call a friend to help in a

complex operation. It is great fun operating with a partner in this collaborative way and we should all be fortunate enough to have friends who are willing to offer this support (Figure 1).

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