



Planning Generational Change in a Liver Transplant Team

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ABSTRACT

Liver transplantation (LT) is a demanding and stressful practice. It requires full dedication and great personal sacrifice. It carries with it a long, difficult learning curve. We present the current situation with one LT team and carried out a critical analysis on the current problems in LT units with regard to access to leadership the future generational changes. An LT team has several similarities with a family-owned company. A generation change planning in liver transplantation may address 3 important aspects: the succession of the leader; establishment and reinforcement of the talent pool; and accessibility to the working group. An LT team is manned by highly qualified personnel. The ideal scenario is when the successor surgeon is accepted by every member in a joint agreement; all the surgeons on the team have the potential to be the next team leader; and the working group presents a high level of personal effort and a motivated attitude. There is an ongoing problem in LT units, however—the growing lack of interest from young surgeons to be part of a transplant team. There are many reasons for this, but it primarily involves the high level of dedication required. The formation of a good transplant team, with a pool of high-quality young surgeons and the realization of a proper generational change, could improve its operation and its results in the future.

AN EXPERT in leadership, Steve Jobs, had a saying: “My job is to make the whole executive team good enough to be successors, so that’s what I try to do” [1].

This simple statement summarizes pragmatically how a generational renewal may be planned in a liver transplantation (LT) unit. LT is a unique, complex, demanding activity for surgeons, and calls for extensive surgical training and career devotion. Poor accessibility to LT teams and rapid turnover of liver transplant surgeons are inherent problems in this area [2]. An unresolved problem is also how to access a leadership position on an LT team.

In Spain, LT activity started 34 years ago. Since then, a total of 25 programs, both adult and pediatric, have been implemented throughout the country. Most pioneering programs have already turned out new leaders; however, in a short period of time, the youngest teams must address this problem. Unfortunately, useful guides are not available, and a growing concern and successive challenges may obscure the continuity and sustainability of an LT program. As with experiencing of the loss of a loved one, an “empty-chair” syndrome may arise, with concerning implications. Thus, ensuring the continuity and the renewal of the LT team should be considered as a major step.

GENERATIONAL CHANGE IN AN LT TEAM

The term generational change (GC) has been adopted from business language and refers to the need for a succession plan in a small company, generally a family-owned company to ensure both the marketable securities and its traditional values. An LT team has several similarities to a family-owned company, where employees work toward common business goals, but also develop closer relationships; these similarities are due to the nature of LT and its special challenges. A GC planning in LT may address 3 aspects:

1. The succession of the leader.
2. The establishment and reinforcement of a talent pool.
3. The accessibility to the working group.

In summary, appropriate GC planning on an LT team may guarantee a continuous performance, providing

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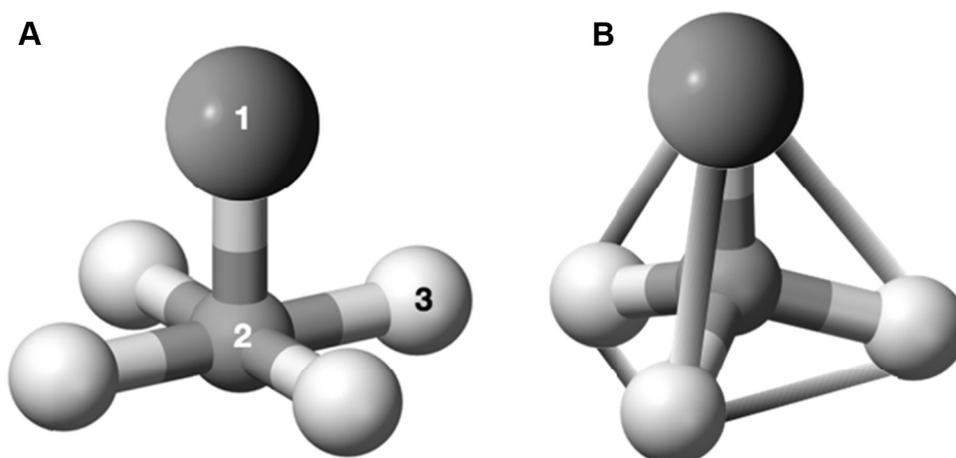


Fig 1. Theoretical structure of an LT team. **(A)** The LT presents a hierarchical structure, where the executive head has little monitoring of unskilled, but talented, young surgeons. **(B)** The leader is actively involved in coaching inexperienced surgeons, but also controls the talent pool. (1) Head; (2) intermediary staff; and (3) talent pool.

guidelines for the development, replacement, and coaching of key people over time.

STRUCTURE OF AN LT TEAM

Take-over and Acceptance by the LT Team

From a theoretical standpoint, an LT team is manned by highly qualified personnel, including a leader and a ranks of senior and junior staff. In most cases, the LT presents a hierarchical structure, where the leader defines the business strategy and intermediary staff assume the development of the program and auditing the learning of the junior staff. The executive head sits at the peak of a pyramidal management structure with little oversight of young surgeons. In this formal structure, the recruitment and recognition of talented individuals may be obscured. A proactive leadership must not blind itself to emerging talent, so a different approach can be attempted. The leader may provide direct one-on-one help to less skilled surgeons, aligning talent strategy with the LT program strategy and turning managers into coaches (Fig 1).

The succession of the team leader can be compared with a relay race. In the best-case scenario, the relay baton is successfully delivered. In some instances, although the successor is perfectly prepared to take up the baton, the head decides not to comply with the succession (*non-transferred relay*); another case arises when the leader expresses his regret over the successful candidate at the last moment (*repentant relay*); finally, the leader can elect a nonsatisfactory successor and, consequently, the baton relay fails (*failed relay*).

The next step in this analysis is about the attitude before the acceptance of the new LT leader. If we continue with the comparison to the small family-owned company, it is important to depict the reactions of all LT special stakeholders (intermediary staff as well as senior and junior

surgeons), who, until shortly beforehand, were still mere colleagues. The stakeholders can freely accept the new leader in a joint agreement; in the opposite case, if they express disagreement with the election, the team shall endeavor to reach a compromise to assure the continuity of the program. A good new leader may:

- Align the talent strategy with the LT program strategy.
- Measure the impact of new learning and development programs.
- Turn him/herself into a coach.
- Lead the organization through change.

When LT leader renewal is necessary, policy strategies as well as medium- and long-term objectives may be preserved. The succession is not a simple matter, especially if the organization (or the outgoing leader) has not addressed this issue. According to experts in coaching and mentoring, the decisionmakers may preferentially choose those within their own talent pool. This is a sign of continuity, rewarding the effort made. It is also a way to demonstrate to dependent surgeons that the effort will be rewarded in the future. In the absence of an internal candidate, it is mandatory to look for a candidate outside of the existing team (Fig 2).

THE LT TALENT POOL

The talent pool refers to all surgeons on the LT team who could potentially succeed the current leader. The ideal scenario would be one in which anyone can be the next successor, as noted in the Steve Jobs comment. However, this situation is generally far from the reality. A talent pool is a group of highly qualified surgeons, who are capable of assuming responsibilities, aligning with the strategic lines of the LT team, while harmonizing its planned course with a mind open to innovation. A talent tool plan includes:

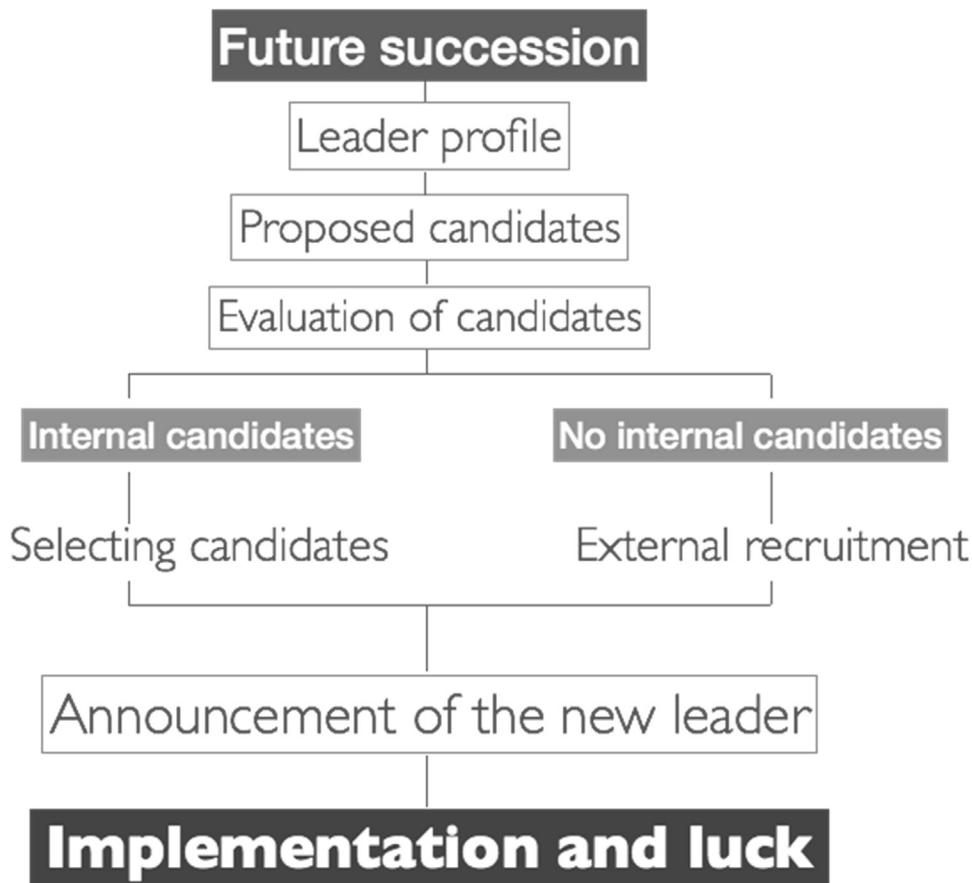


Fig 2. Flowchart of an LT leader succession.

- Recording skills, competencies, and targets of candidates.
- Confronting these with the strategic lines of the LT team, its current and future roles.
- Coaching and mentoring of potential candidates.
- Promoting new talent.

ACCESS TO AN LT TEAM

Although LT is a fascinating and challenging pursuit, there is growing concern about its attractiveness for many young surgeons. LT surgeons devote a significant amount of time to nonsurgical patient care, research, education, and administration tasks [3]. They spent more than 15 years in higher education and formal clinical training. However, there is no linkage between such high level of personal effort and payment models from providers [4]. In a recent survey among transplantation surgeons in United States, nearly half of the surveyed surgeons reported high levels of emotional exhaustion and low personal accomplishment, as well as disturbing levels of depersonalization [5]. Consequently, surgeons may leave transplantation surgery after a short period of time and follow careers in other surgical fields [2]. This is the case for abdominal minimally invasive

surgery, which is very attractive for young clinicians who enjoy the latest technologies. In a national survey made among surgical residents in Spain, 12% reported their interest in becoming an LT surgeon, although only 3% will be finally accepted onto a LT team. Unfortunately, 52.6% expressed an absolute disinterest in LT [6].

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