Enhancing surgical performance by adopting expert musicians' practice and performance strategies

Mei Rui, DMA, Jeffrey E. Lee, MD, Jean-Nicolas Vauthey, MD, and Claudius Conrad, MD, PhD *

Department of Surgical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA

ARTICLE INFO
Article history:
Accepted 25 September 2017

ABSTRACT

Background. Surgery is a performing art—each surgical procedure is a live performance that has immediate and irreversible consequences for both the performer and the audience. Surgeons operate with surgical instruments, whereas musicians perform with musical instruments. Both perform in high-stress, high-risk work environments, where small errors in motor performance or judgment can have immediate negative consequences. While there is abundant literature on musical performance and their impact on outcome, little similar research has been published in the field of surgery. We aimed at identifying expert musicians' practice and performance strategies that may aid surgeons to enhance their surgical performance.

Methods. In the study, 82 relevant English-language articles from 1974 to 2017 matched applicable search terms. Nominal Group Technique was applied to identify 5 key domains that comprise important parallels between surgical and expert musical performance.

Results. The 5 key domains identified were: (1) extensive training and deliberate practice, (2) dexterity and ambidexterity, (3) performance evaluation and competition, (4) performance-related injuries, and (5) performance anxiety. We found focused and mindful training in motor performance, not performing immediately after a hiatus from practice, training to improve the precision and responsiveness of the nondominant hand, continuous and critical self-evaluation, training in injury recognition and prevention, and pharmacologic factors to be of utmost importance.

Conclusion. Critical parallels exist between surgical and expert musical performance that may improve surgical outcomes by adopting musicians' strategies for combating physiological and psychologic performance-related issues. Raising surgeons' awareness for this subject content may improve surgical performance and patient outcomes, as well as help prevent occupational injuries. (Surgery 2017;160:XXX-XXX.)

© 2017 Elsevier Inc. All rights reserved.

Surgeons operate with surgical instruments, whereas musicians perform with musical instruments. Historically, there have been several eminent surgeon-musicians, including Herman Boerhaave (1668–1738), Leopold Auenbrugger (1722–1809), Theodore Billroth (1829–1894), Alexander Borodin (1833–1887), Albert Schweitzer (1875–1965), and Boyd Neel (1905–1981), each of whom made landmark contributions to surgical science and humanity. It seems intuitive that the ability of these surgeon-musicians to play an instrument likely enhanced their motor performance to facilitate their expert surgical performance.

However, while parallels between surgical and expert musical performance exist, there is a dearth of literature on how surgeons could potentially adopt expert musicians' practice and performance strategies to improve surgical performance. We therefore performed a structured analysis of the published literature on musicians' practice and performance strategies that could help surgeons to improve their motor performance in the operating room, improve mental health and prevent musculoskeletal injuries.

Methods

Surgical and musical performance both require extensive training and deliberate practice to achieve and maintain expertise. Deliberate practice is a mindful, structured, repetitive, and reflective process that demands relentless self-critique, and error detection. An estimated minimum of 10 years of intense involvement and 10,000 hours of deliberate practice to achieve mastery in highly competitive fields such as surgery and classical music is required. For most surgeons, completion of surgical training requires 5 to 10 years—equivalent to ≈10,000 hours—of total-immersion training. Similarly, a graduate-level, professional pianist also will have accumulated ≈10,000 hours of practice, while an amateur one of comparable age will have practiced only 2,000 to 8,000 hours. A study on surgical residents showed that deliberate practice, compared with standard training alone, led to higher-quality laparoscopic surgical performance as measured by speed, dexterity, and global rating scales. Insufficient “practice time” in performing this complicated procedure is almost certainly a major factor.

Among musicians, it is a well-regarded principle that consistent deliberate practice contributes to performance success, while paucity or interruption of practice has a deleterious effect on performance quality. Various studies have shown that productivity is reduced when the temporal distance between tasks increases. In 188 surgeons who performed 56,315 coronary artery bypass grafting surgeries, each additional day away from the operating room increased the inpatient’s mortality rate. Among the subgroup of emergent patients treated by high-volume providers an additional day away raised mortality risk by 0.398 percentage points (11.4% relative effect). For surgeons needing to intervene in patients emergently, as temporal distance increases, the ability to recognize and address life-threatening complications decreases. Absence from the operating room for 3 to 14 days before surgery raised the mortality risk by 11% to 14% (relative effect), and absence for >15 days raised the mortality risk by 22%. While it would be unimaginable for a concert violinist to vacation without practicing on their instrument in the days leading up to an important concert, surgeons may elect to perform challenging operations the day after returning from a trip, resulting in compromised surgical outcomes.

Data on deliberate practice suggest that reduction in surgical trainees’ work-hours can compromise mastery of surgical motor and patient management tasks. Therefore, to compensate for the decreased hours spent in the operating room, surgical simulation, focused training in motor performance, and earlier specialization to reduce dilution of training may be beneficial. Moreover, surgeons should consider avoiding scheduling high-risk operations immediately after returning from a surgical hiatus lasting for ≥3 days.

**Movement I: extensive training and deliberate practice**

Surgical and musical performance both require high levels of dexterity in both the dominant and the nondominant hand. Surgeons routinely need to use their nondominant hand to facilitate surgery—to support anatomic structures or to optimize the angle of dissection. A previous study showed that using the nondominant hand to operate required 1.45 times as long as using the dominant hand, suggesting an asymmetry in dexterity between the dominant and nondominant hands. Other recent studies revealed high bimanual dexterity as a predictor of expert surgical performance and a trend toward improved navigation and bimanual performance with daily training of the nondominant hand using designated activities, such as playing video games.
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات