Helping Physicians Maintain Health, Knowledge and Skills as they Age

Recognition and Elimination of the Stigma Associated with Aging

Knowledge Translation Guide
Introduction

The purpose of the ‘Knowledge Translation Guide’ is to help healthcare professionals and management teams address the issue of ageism in the workplace and in patient care.

The foundation of the guide is the five recommendations arising from the research study ‘Helping Physicians Maintain Health, Knowledge and Skills as they Age Recognition and Elimination of the Stigma Associated with Aging’. Each recommendation is described briefly and followed by questions to prompt reflection, discussion, and action. The recommendations and questions are supported by selected readings and resources that may assist in the implementation of the recommendation.

If you have any questions, please contact:

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Recommendation #1 – Ageism Awareness Education

Awareness programs and other educational interventions, beginning during medical school and extending into the workplace, could be designed and implemented to address ageism and the stigma associated with ageing. This type of intervention might result in improved interactions between healthcare providers of all ages with a corresponding improvement in the clinical environment.

Older patients, who are also stigmatized by age-based stereotypes, would benefit from a healthcare system and providers who recognize how these stereotypes may negatively impact the health of their patients.

Questions to consider:

a) Are you aware of the theoretical foundations explaining how ageism develops?

b) Have any ageist attitudes or behaviours within the workplace been raised with senior management? Middle management?

c) Did you know ageist attitudes and age-based stereotypes can lead to age discrimination in the workplace?

d) Do you have any policies or procedures that might be considered age discrimination?

e) Does your organization support an ‘age-friendly’ environment?

f) How might ageist attitudes and age-based stereotypes negatively impact patient safety?

Selected Readings:

Theoretical Foundations of Ageism


**Ageism in the Workplace**


Ageism in the Physician Workforce


Ageism and Patient Care


Sample Resources:

The number of ageism awareness resources is increasing. A few that might be of interest are:


http://www.ageismore.com/ageismore/home.aspx
Recommendation #2 – Flexible Work Environments

Flexible work environments might include job-sharing or phased-retirement options.

**Job-sharing** could allow two or more young physicians to accommodate their family responsibilities or a younger physician to ‘phase into’ practice and an older physician to ‘phase out of’ practice.

**Phased retirement** which would allow those approaching retirement to reduce their workloads, appears to be an absolute priority for the physician workforce. This process typically involves the reduction of days or hours worked in the pre-retirement period. This option, with or without a job-sharing relationship, would allow older physicians to reduce hours worked or work fewer days per week. This would allow them to complete what Super (1953, 1980), when discussing theory around career development, referred to as the disengagement from work that is necessary at the end of one’s career. Rather than full retirement, individuals might explore continuing in other practice, administrative, or teaching roles.

The health care system, however, is not currently set up to address the financial and legal implications of such initiatives. Alternate models of compensation would be required.

**Questions to consider:**

a) Do you have polices that support job sharing? Phased retirement?

b) Do you have policies supporting mandatory call restrictions for older physicians?

c) Do you encourage appropriate work-life balance for all physicians?

d) Do you provide a flexible work environment for physicians of all ages?

e) Do you provide bridge funding to support phased retirement?

f) Do you have succession plans to ensure older physicians can retire without feeling they have ‘abandoned’ their patients?

**Selected Readings:**


Recommendation #3 – Mentorship

Older physicians with administrative experience would be ideal mentors for younger physicians desiring a move toward that role. Conversely, younger physicians might provide technological mentorship to older physicians. The transition phases of career development (i.e. entering the profession or exiting it) might also be a time for mentorship from peers who have already completed the transition.

Questions to consider:

a) Do you have existing mentorship programs for other health professionals that might be modifiable for use with physician populations?

b) Are you aware of external mentorship programs?

Selected Resources:

The Saskatchewan Medical Association has recently implemented a mentorship program: http://www.sma.sk.ca/programs/80/docs4docs.html
Recommendation #4 – Interprofessional Teams

Interprofessional teams might assist in addressing issues such as the stress of mandatory call and excessive workload.

Interprofessional health care teams have been associated with improved patient safety, increased continuity of care, and better chronic disease management. These improvements would benefit patients of all ages but, as with ageism awareness, the increasing population of older patients might experience the greatest benefits.

Remuneration within the interprofessional team environment and the resolution of medico-legal issues would be required at the system level to move this initiative forward.

Questions to consider:

- a) Are you aware that primary healthcare teams play a significant role in allowing older physicians to continue in practice?
- b) Are you aware that primary healthcare teams might be associated with reductions in error?
- c) Does your organization have any alternate remuneration options that support interprofessional teams?
- d) What medico-legal issues might exist in the interprofessional health care environment?
- e) Do you provide continuing interprofessional education (CIPE) opportunities within your organization (i.e. simulations)?

Selected Resources:


Recommendation #5 – Continuing Education Related to Transitions

Retirement is an example of a major life transition which may be viewed as a negative while starting a new career is one which is viewed more positively. The Canadian Medical Association (CMA), Saskatchewan Medical Association (SMA) and the Newfoundland and Labrador Medical Association (NLMA) have resources designed to assist with such transitions (see links below) from the perspective of practice management.

Personal health and wellness management, however, is an often ignored aspect of life and career transitions. Continuing education designed in conjunction with existing physician and wellness programs has the potential to support major life transitions in these areas.

The SMA link below provides a few suggestions about psychological and emotional preparation for retirement that might assist in stimulating thoughts about ‘transitions’ supports.

Questions to consider:

a) Are you aware of existing ‘transitions’ programs either for physicians or other health professionals within your organization?

b) Do your continuing education programs support the naturally occurring career transitions (i.e. entering or exiting practice, changing scope of practice)?

c) What additional supports (i.e. personal counselling, identifying next steps) might be beneficial for those who are contemplating a reduction in work load or scope of practice change?

Selected Resources:

CMA – Transitioning to practice:
https://www.cma.ca/En/Pages/transitioning-to-practice.aspx

CMA – New in practice guide 2016
https://www.cma.ca/En/Pages/new-in-practice-guide.aspx

CMA – Retirement resources
https://mdm.ca/physician-life-stages/retiring

SMA – Retirement toolkit
http://www.sma.sk.ca/resources/24/retirement-toolkit.html

NLMA – Section for senior and retired physicians
http://www.nlma.nl.ca/Physicians/Member-Sections/Section-for-Senior–Retired-Physicians