

# "Bakjoursskolan"

A behavior based training program for senior surgeons

Some reflections & learnings

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The story ends, you wake in your bed and you believe whatever you want to believe....or see how deep the rabbit hole goes...



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# Background

- The project started in 2010 as a collaboration between Psykoloppartners and The Swedish Surgical Foundation (Svensk Kirurgisk Förening), and has been running for 6 consecutive years
- The purpose: to address problems found in international research, showing that surgeons have an elevated risk for burnout, various anxiety disorders (PTSD), suicide and drop-out from their medical profession.
- Female surgeons = even higher risk.
- Surgeons often work in complex, fast paced, hierarchical organizational contexts with high demands and aversive control (fear of failure), where they on a daily basis have to make "life and death decisions".
- The "John Wayne Syndrome" is still a reality...
- As a senior on-call surgeon, you need to balance high medical skills (both technical and theoretical) with good interpersonal and crisis management skills. The surgeon is also expected to be a teacher and create a good learning environment for young doctors and interns



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## Theoretical foundations for the program

Contextual behavior science  
ACT, RFT, OBM

Full Range Leadership Model  
FRLM

Action Reflective Learning  
Skill Training

The use of "Senior Surgeon Mentors"



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# Design

- We started with a database search for litteratur studies... very little is done!
- Behavioral observations: we "tagged" senior, on call surgeons att two university hospitals during a couple of shifts... What did they do?
- In-depth interviews with stakeholders
- Design 2+2+2 days on-site "training camps" with homework assignments in between
- 5 programs (6th this autumn) so far N=76 (M:49 F:27)
- Psychometric assessment before and after program



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# Content

- Block 1: Creating psychological safety... ABA 101 + Basic FRLM + Intensive psy.flex training (ACT 101)

Homework: diary, observation, getting 360-feedback

- Block 2: Feedback (getting, giving), Avoidance and skills training -> learning goal

Homework: diary, try new "on-call behaviors"

- Block 3: Relational coordination, reflection and summery



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# Some glimpses of our results

- In a qualitative analysis (inductive thematic analysis) of the surgeons diary, we found the following themes:

- 1.Errors and mistakes
- 2.Psychological Safety
- 3.The doctor as a teacher
- 4.Ability to reflect
- 5.Coping Strategies
- 6.Relational awareness
- 7.Empathic reflective skills



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## Some quotes - relational awareness

“These days, I’m much more specific and clear when I give I feedback. I achieve so much more when I describe things in behavioral terms ... ”

“When I consistently give positive reinforcement to my interns, they become more accurate in their operation skills and are more in contact with their patients. We also have better social interactions. Everything becomes nicer and more efficient”



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# Some quotes - psychological flexibility

"I work with acceptance of the uncomfortable feelings on a daily basis... Although I still avoid different things, I'm much better at identifying when and why it happens..."



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## Summary and learnings

- Importance of pre study - "tagging the surgeon"
- Long program over a period of 4 months - let it sink in...
- A lot of time spent on reflecting and realtime shaping and reinforcing
- Creating a safe context for learning is paramount!
- Surgeons vs psychologists... they think they know it all!
- Use of "senior surgeon mentors" for credibility and as role models
- Researchers or practitioners?
- Have fun - function before form!



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“You made me realize that  
I’m a human and not a machine”.



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business is behavior...and behavior is our business



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