

# Post Traumatic Stress Disorder, intrusive thoughts and memory in surgeons?

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# The Bournemouth Adverse Events Research Team National Survey (N=717)

- Complications (n=360) vs Errors (n=357)

- Resilience
- Psychological Flexibility

- Burnout
- Depression, Anxiety & Stress
- Post-traumatic stress



# Post Traumatic Stress



# Why examine levels of PTS in surgeons?

- Previous research
  - Consultant surgeons (Pinto, 2013)
  - Surgical trainees (Thompson et al., 2017)
- Application of DSM-V criteria (Common sense!)

# PC-PTSD

Following the event:

- Did you have nightmares about it or thought about it when you did not want to?
- Did you try hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were you constantly on guard, watchful, or easily startled?
- Did you feel numb or detached from others, activities, or your surroundings?

## Post Traumatic Stress – Quantitative findings

- **23.7%** positive indication of PTS symptoms (106/447)
- Scored higher on PC-PTSD screening tool if consequences for patient are more severe
- Relationships found between PTS and:
  - Psychiatric Distress
  - Burnout Domains
  - Resilience
  - Psychological Flexibility

# Post Traumatic Stress – Quantitative findings

Our findings in context:

- UK Physicians ~ **25.5%** (Harrison, Lawton, & Stewart, 2014)
- UK Trainee Surgeons ~ **11.8%** (Thompson et al., 2017)
- UK Consultant surgeons ~ **36.2%** (Pinto, Faiz, Bicknell & Vincent, 2014)

# Post Traumatic Stress – Qualitative findings

- A theme of ‘negative impact’
  - Including PTS – intrusive thoughts, memories, avoidance, anxious arousal etc.
  - *“Certainly the next one, two, three, four times you do that procedure you think back to the one that went wrong [...] ‘you’re only as good as your last’”*
  - *“If something went badly, the next time you do it you would be thinking right I better not make that step again or that, whether you view it as an error or a complication, or, you know, you want to avoid that bit the next time round...”*



## 13 years after an adverse event . . .

“I remember going home and, you know, you just have to start normal conversation don't you at home, with my wife and son, and then... I'm sorry... all of a sudden... I'm getting quite tearful, sorry... yes and I had to walk out of the room because I didn't want my son to see me but he knew what was happening. And for that whole week I was like that, I just couldn't think about anything else. And you can see the reaction now that it... sorry.”

# Help Seeking



## Support for surgeons

49% talked to someone about their experience

Formal support pathways - 10%

Informal support:  
Friends and family – 32%  
Colleagues - 58%

## Surgeons $\geq 3$ PC-PTSD

54% talked to someone about their experience

Formal support pathways - 6%

Informal support:  
Friends and family – 39%  
Colleagues - 41%

# Why does this matter?

- Suffering of individual surgeons and their loved ones
- Increased risk of: Suicidal ideation, substance misuse etc.
- People leaving the profession
- General impact of untreated mental health problems on patient care
- PTSD & Hippocampal Functioning (Miller & Wiener, 2014)



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Brief Coaching Intervention

First Aid Toolkit

Use of findings to influence Policy and Practice



*Surgeon Wellbeing*  
*Improving the lives of surgeons in the UK*

[www.surgeonwellbeing.co.uk](http://www.surgeonwellbeing.co.uk)

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