Dartmouth Health

Psychological Safety in the Clinical Learning Environment

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Disclosures

- No relationship with any commercial entities mentioned

- Thanks to Brianna Eastman and Sarah McDougall

Learning Objectives

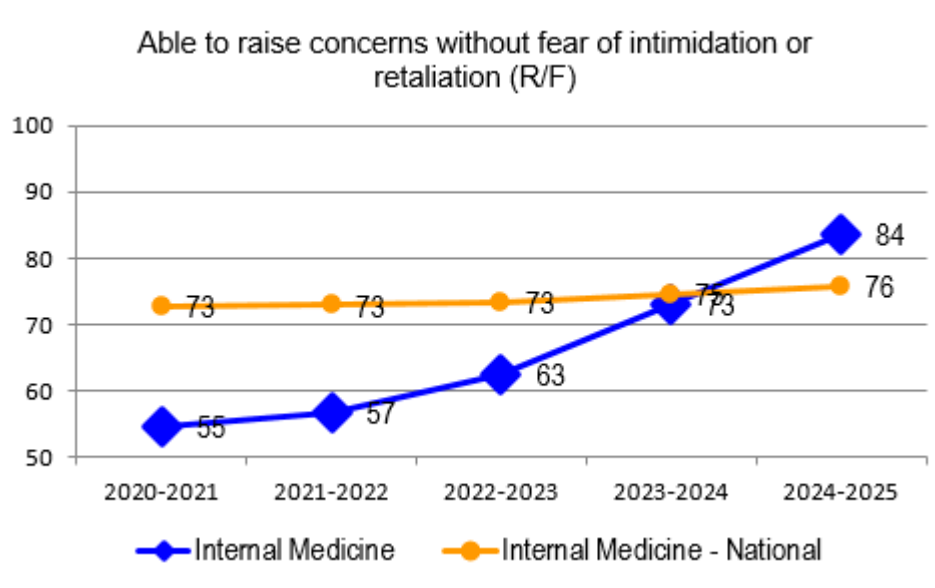
1. Define psychological safety and understand why it is important for learners

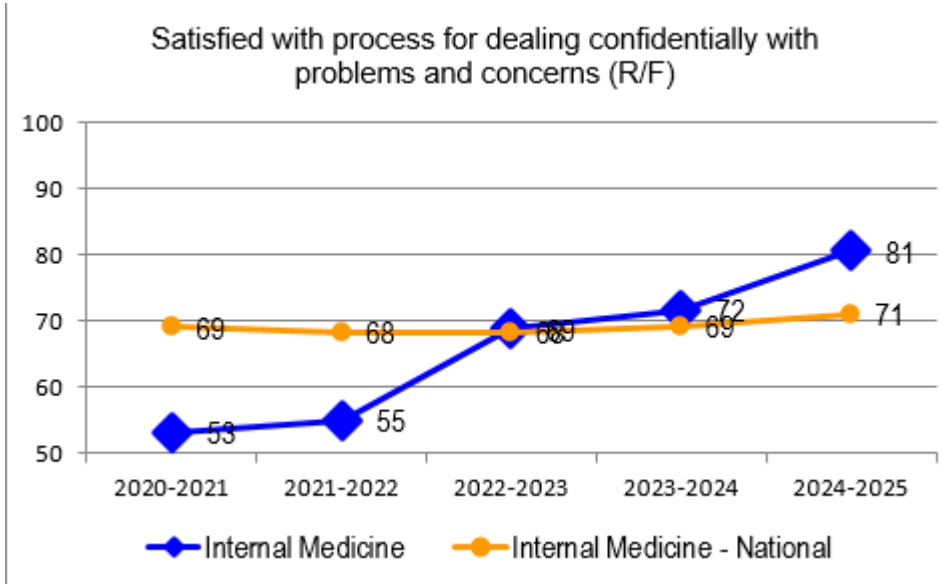
2. Describe how to assess psychological safety within a group of learners

3. Identify practices or interventions that can increase psychological safety for your learners

Why Listen To Me?

I am not an expert in psychological safety but…. I read a lot of teaching evaluations, particularly students of residents and residents of faculty





The Learning Environment

Las Vegas 2011

What Makes A Good Teacher?

1. They made learning fun

2. They explained things in a way that I could understand

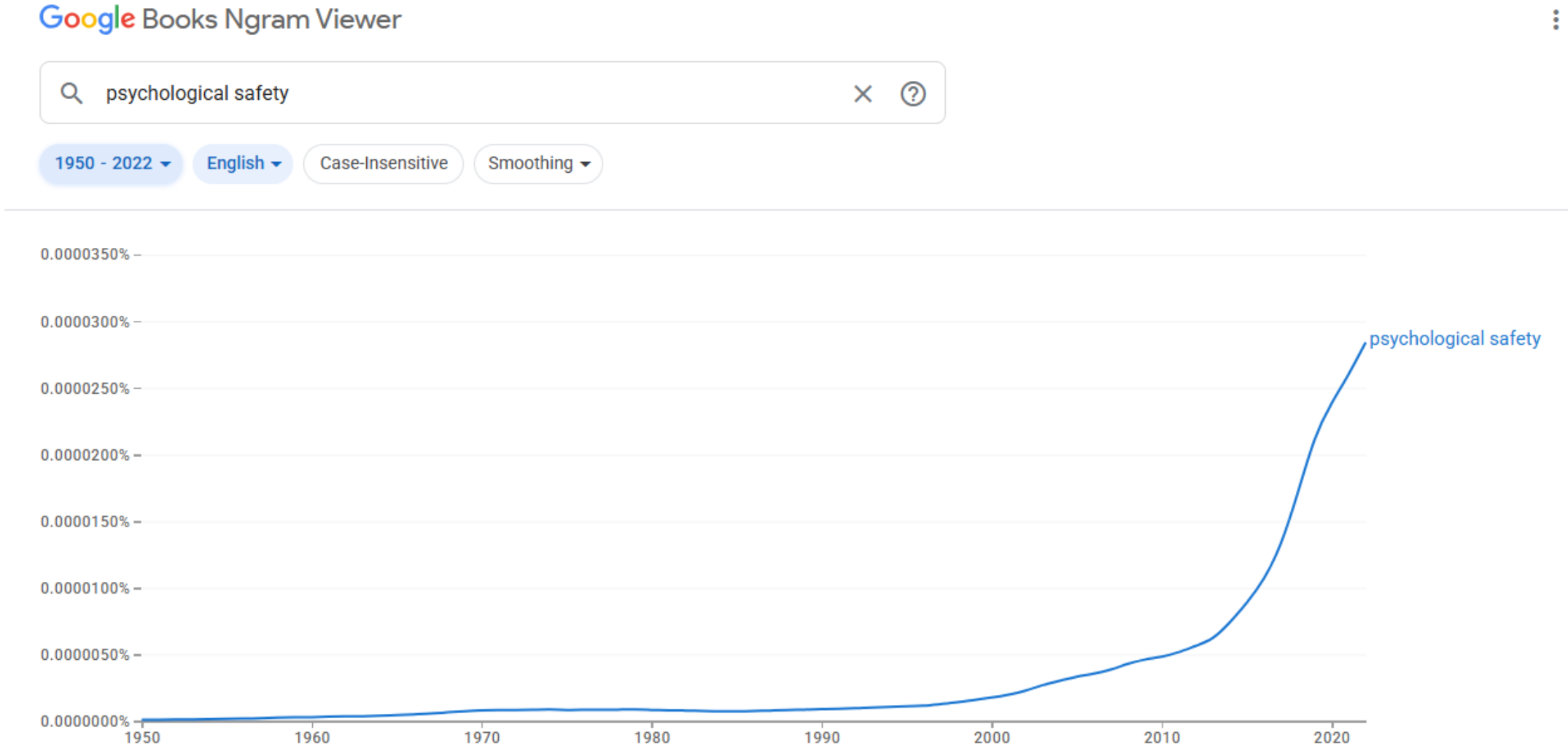
What Makes A Good Teacher? Clinical Learning Environment

1. They made learning ~~fun~~ psychologically safe

2. They explained things in a way that I could understand

Psychological Safety

Definition and Importance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psychological safety
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psychological safety

Psychological Safety

"This paper presents a model of team learning and tests it in a multimethod field study. **It introduces the construct of team psychological safety - a shared belief held by members of a team that the team is safe for interpersonal risk taking**."

Edmonson A. Psychological Safety and Learning Behavior in Work Teams, Administrative Science Quarterly 1999; 44(2): 350-383

Psychological Safety

Team psychological safety*
1. If you make a mistake on this team, it is often held against you.
2. Members of this team are able to bring up problems and tough issues.
3. People on this team sometimes reject others for being different.
4. It is safe to take a risk on this team.
5. It is difficult to ask other members of this team for help.
6. No one on this team would deliberately act in a way that undermines my efforts.
7. Working with members of this team, my unique skills and talents are valued and utilized.

Edmonson A. Psychological Safety and Learning Behavior in Work Teams, Administrative Science Quarterly 1999; 44(2): 350-383

How Important Is Psychological Safety

"The researchers found that what really mattered was less about who is on the team, and more about how the team worked together."

rework.withgoogle.com/en/guides/understanding-team-effectiveness

Structure and Clarity vs. Psychological Safety?

Psychological Safety And Privative Concepts

Imagine Team Care For Patients When PS = 0

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Imagine Trying To Learn Without Mistakes Or Risk Taking

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ACGME Thinks PS Important For Programs

VI.B.5. **Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.** (Core)

ACGME Thinks PS Important For Residents

Interpersonal and Communication Skills 2: Interprofessional and Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests and responds to a consultation	Clearly and concisely requests and responds to a consultation	Checks own and others' understanding of recommendations when providing or receiving consultation	Coordinates recommendations from different consultants to optimize patient care	Facilitates conflict resolution between and amongst consultants when disagreement exists
Uses verbal and non-verbal communication that values all members of the interprofessional team	Communicates information, including basic feedback with all interprofessional team members	Facilitates interprofessional team communication to reconcile conflict and provides difficult feedback	Adapts communication style to fit interprofessional team needs and maximizes impact of feedback to the team	Models flexible communication strategies that facilitate excellence in interprofessional teamwork
☐	☐	☐	☐	☐

ACGME Thinks PS Important For Faculty

Educational Theory and Practice 2: Professionalism in the Learning Enviror		
Level 1	Level 2	Level 3
Understands rights, feelings, traditions, and wishes of learners, patients, and team members	Demonstrates respect for learners, patients, and team members through behavior and communication	Recognizes potential obstacles to unbiased and respectful communication, leadership, and educational practice

Educational Theory and Practice 10: Learning Environment		
Level 1	Level 2	Level 3
Defines learning environment	Describes elements of an effective learning environment	Employs best practices in fostering an effective learning environment

II.B.2. **Faculty members must:**

II.B.2.a) **be role models of professionalism;** (Core)

II.B.2.b) **demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care;** (Core)

Background and Intent: Patients have the right to expect quality, cost-effective care with patient safety at its core. The foundation for meeting this expectation is formed during residency and fellowship. Faculty members model these goals and continually strive for improvement in care and cost, embracing a commitment to the patient and the community they serve.

II.B.2.c) **demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities;** (Core)

II.B.2.d) **administer and maintain an educational environment conducive to educating residents;** (Core)

II.B.2.e) **regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and,** (Core)

II.B.2.f) **pursue faculty development designed to enhance their skills at least annually:** (Core)

acgme.org

Psychological Safety And Learning In Medicine

"Mistreatment" impairs learning – large body of literature, mostly for medical students and nursing students

Residents and students in PBL type educational series. Students asked about the importance of PS having completed the course

> [F]eeling free to ask questions and knowing that those questions will not be seen as stupid questions or something like that allows me to comfortably engage a lot more easily with the material. (P#8)
>
> In essence, the students described that they were better able to focus on the present task at hand and more fully explore the learning opportunity when they were feeling a sense of PS.

Tsuei *et al.* Academic Medicine 2019

Psychological Safety Correlated With Patient Safety?

Grailey *et al. BMC Health Services Research* (2021) 21:773
https://doi.org/10.1186/s12913-021-06740-6

BMC Health Services Research

RESEARCH Open Access

The presence and potential impact of psychological safety in the healthcare setting: an evidence synthesis

K. E. Grailey[1*], E. Murray[2], T. Reader[3] and S. J. Brett[1]

Results: We included 62 papers from 19 countries. The thematic analysis demonstrated high and low levels of psychological safety both at the individual level in study participants and across the studies themselves. There was heterogeneity in responses across all studies, limiting generalisable conclusions about the overall presence of psychological safety.

A wide range of methods were used. Twenty-five used qualitative methodology, predominantly semi-structured interviews. Thirty quantitative or mixed method studies used surveys.

Ten studies inferred that low psychological safety negatively impacted patient safety. Nine demonstrated a significant relationship between psychological safety and team outcomes.

Or Not…

PLOS One

RESEARCH ARTICLE

Psychological safety and patient safety: A systematic and narrative review

Anthony Montgomery[1*], Vilma Chalili[2], Olga Lainidi[3], Christos Mouratidis[4], Ilias Maliousis[5], Konstantina Paitaridou[4], Alison Leary[6]

1 Northumbria University Newcastle, Newcastle, United Kingdom, **2** Aristotle University of Thessaloniki, Thessaloniki, Greece, **3** University of Leeds, Leeds, United Kingdom, **4** University of Derby, Derby, United Kingdom, **5** University of Essex, Essex, United Kingdom, **6** London South Bank University, London, United Kingdom

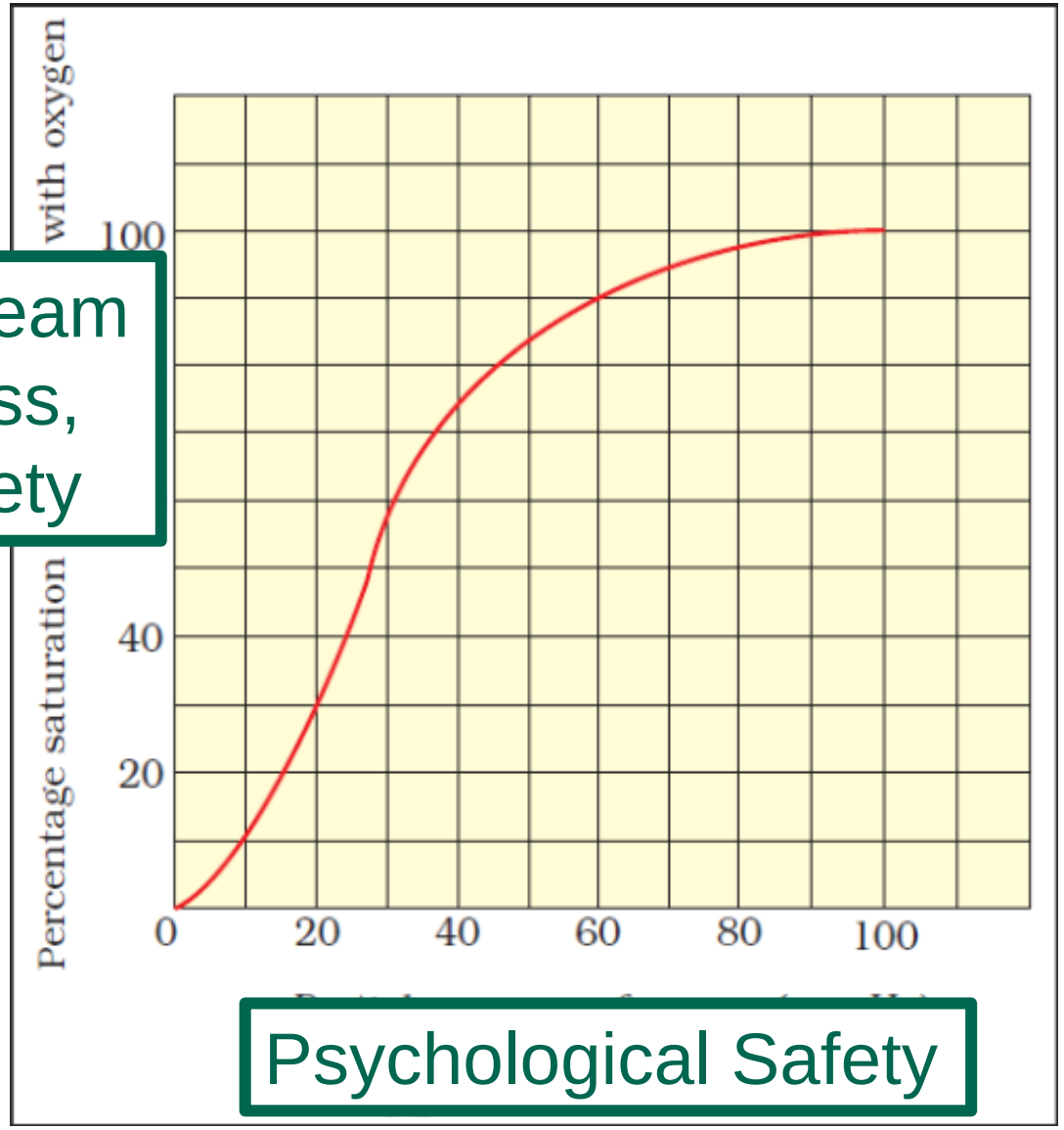
Discussion

Overall, there is relatively little hard data to link PS and patient safety outcomes. Only nine studies fit the criteria that examined PS and objective measures of patient safety. This is stark contrast to literature that purports a clear link between the two phenomena [5,62,63]. The findings of the review imply a contradiction in patient safety practices: enhancing team dynamics through PS culture may improve immediate problem-solving within the team, but it does not automatically translate into improved objective patient safety measures.

My Bayesian Analysis

Prior is strong		Supporting Evidence is Weak		Posterior Probability
Lived experience, privation thought experiment, medicine similar to other fields	X	Correlative at best but no negative associations reported	=	High likelihood that psychological safety important in the clinical learning environment

Learning, Team Effectiveness, Patient Safety



Psychological Safety

How To Assess Psychological Safety

How To Assess Psychological Safety

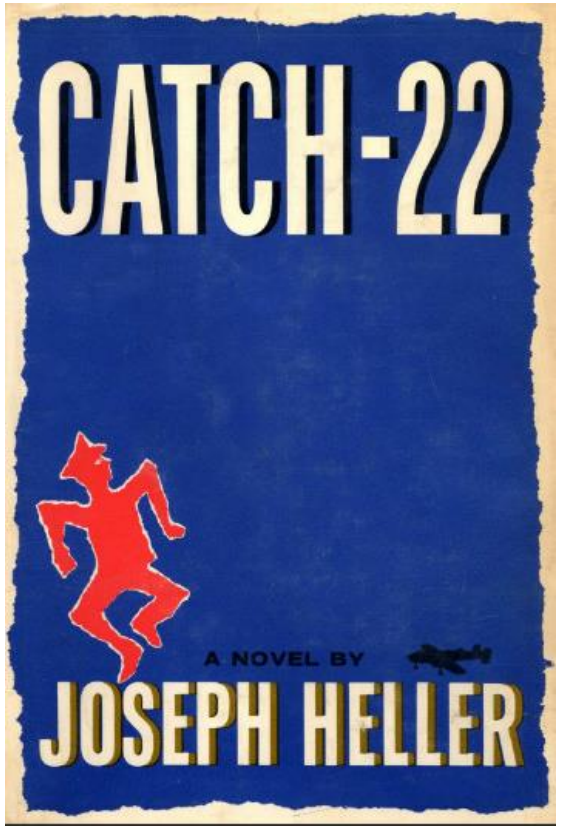
fearlessorganizationscan.com

How To Assess Psychological Safety

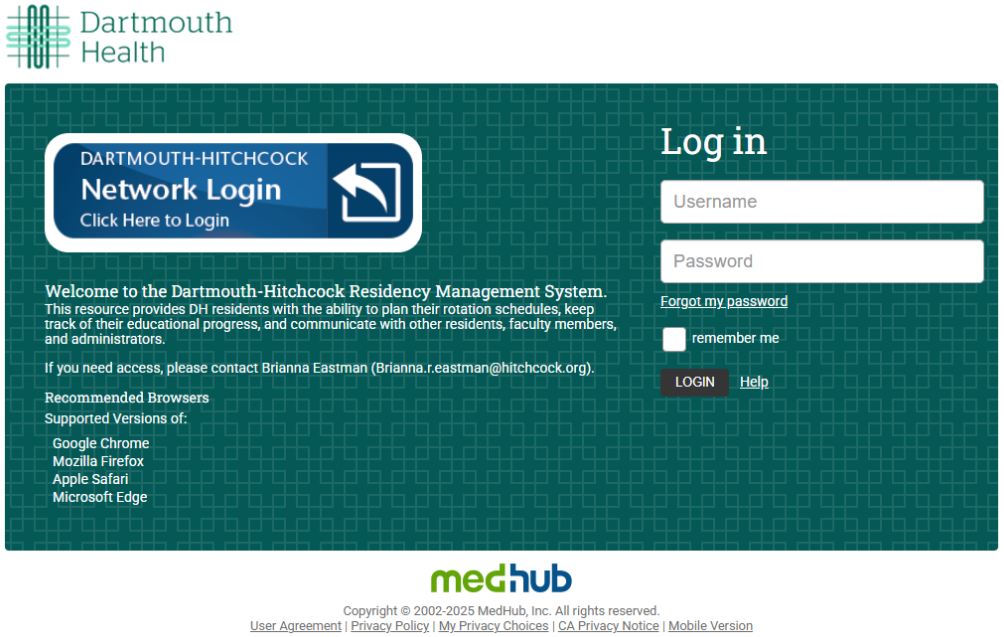
Team psychological safety*	Never	Rarely	Sometimes	Often	Always
1. If you make a mistake on this team, it is often held against you.		X			
2. Members of this team are able to bring up problems and tough issues.					X
3. People on this team sometimes reject others for being different.	X				
4. It is safe to take a risk on this team.			X		
5. It is difficult to ask other members of this team for help.			X		
6. No one on this team would deliberately act in a way that undermines my efforts.	X				
7. Working with members of this team, my unique skills and talents are valued and utilized.				X	

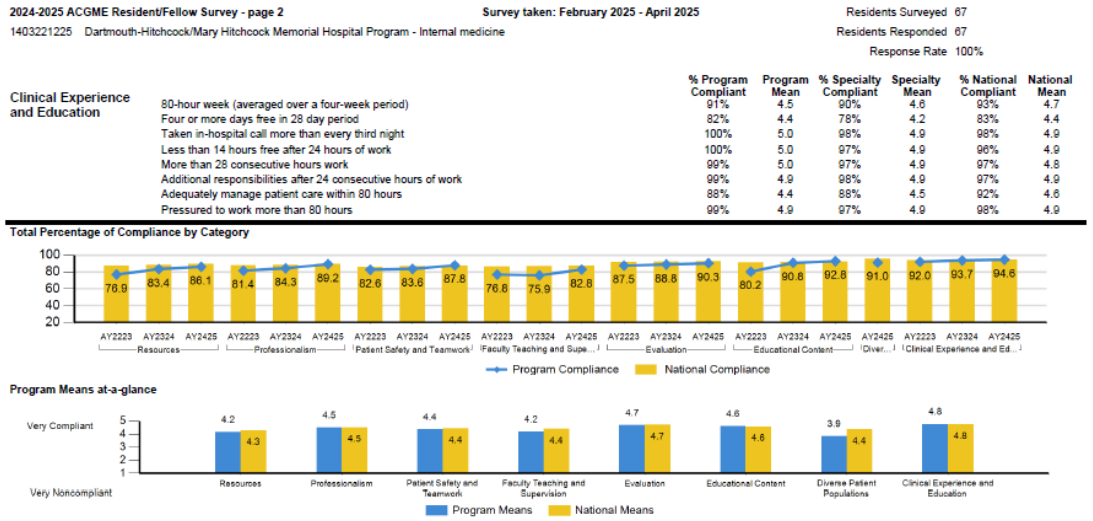
Do Your Learners Feel Psychologically Safe

Should we just ask the learners if they feel psychologically safe?

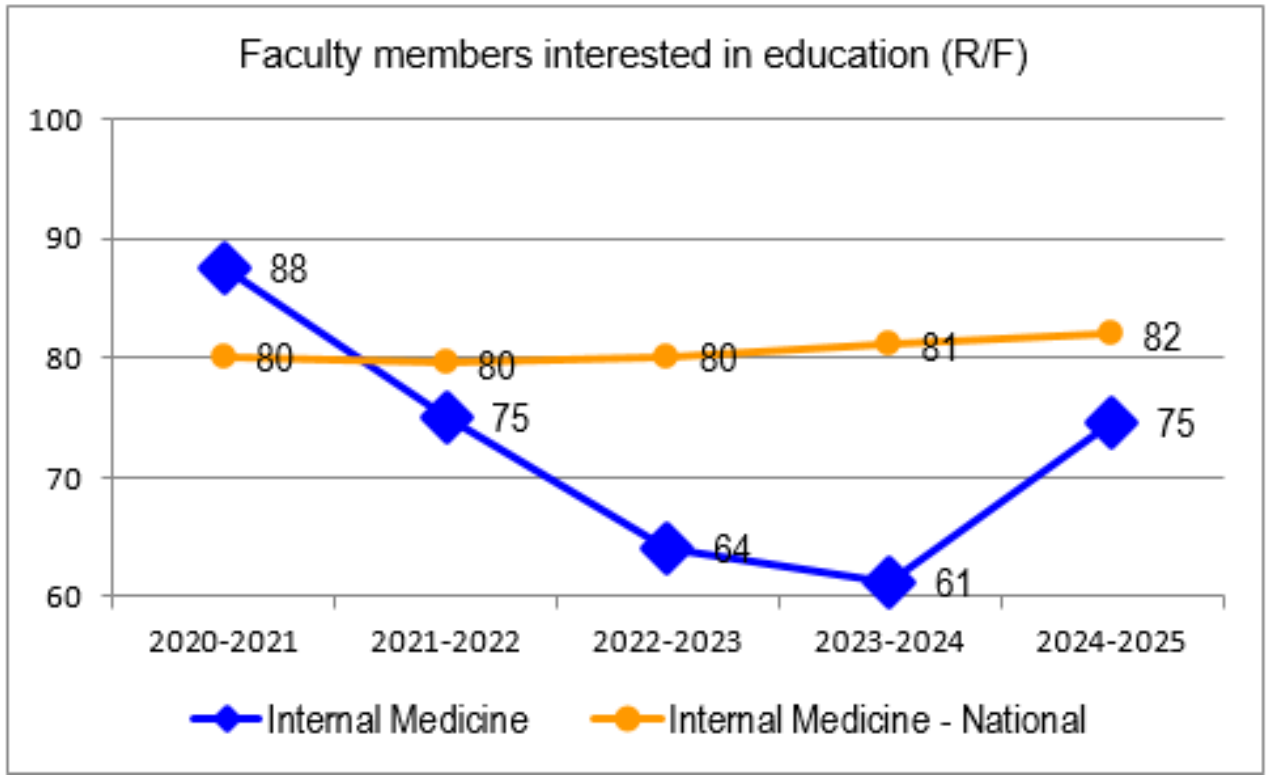


Individual / Program / Section / Departmental Level





How Do You Know A Faculty Member Is Interested In Your Education?



How Do You Know A Faculty Member Is Interested In Your Education?

If they are attentive and engaged on rounds.

they show it

Demonstrates clear interests in my goals, how the rotation relates both to those goals and general medicine/establishing fund of knowledge

They will typically make an effort to teach something during the day rather than disappearing after rounds.

They do a kind version of "pimping" (really just asking us questions) during rounds

If they stick around after rounds and are interested to learn about my career interests and ask about what specific questions I have and what I want to get better at and also be accessible and willing to answer questions about training

If the faculty member is engaged during discussions and willing to teach and reach out about learning opportunities.

They ask about it and don’t just decide what I need or what I might be interested in

Willing to teach, acknowledges us and shows interest in our lives, actually helps with reducing the burden of tasks that are non-educational, sticks up for residents

They ask us if there's anything we want to learn. They take time to teach things throughout the day.

Dedicating time to teaching, getting to know the residents and learning their interests/career goals.

My metric for this is whether they ask (either directly or indirectly) about my goals for the rotation

taking the time to understand my career goals

when someone even if it busy and cant do a formal talk brings at least a handout on a topic discussed it can be as simple as that sometimes

I know faculty are interested in my education if they ask about what my career plans are and make an effort to provide teaching relevant to my anticipated career. Also, I feel they are interested if they ask my goals and actually follow-up on them and ensure I am working towards them throughout the rotation, and provide feedback at the end.

They take the time to teach

Active teaching

If they ask what our goals for the rotation are.

regular discussions of applicable evidence based medicine. feedback at end of rotation and during rotation

They take the explain their through process when addressing a patient and provide brief on topic teaching poitns about a patient's illness, disease process, medication or symptoms.

They make an effort to teach and expand on topics that arose in rounds. They try to get to know me as an individual and explore my educational and career goals, and find opportunities to help me meet my educational goals.

If they spend time during or after/before rounds reaching. 1) Taking time to actually teach, 2) asking about career goals/interests and then following up on that by trying to tie that to what is going on on the current rotation

Eager to discuss about diagnosis and management of diseases in an engaging way.

If a faculty member invests the time in teaching a topic, whether it be during rounds or during "down" time, then I believe that they are interested in my education.

they teach us often

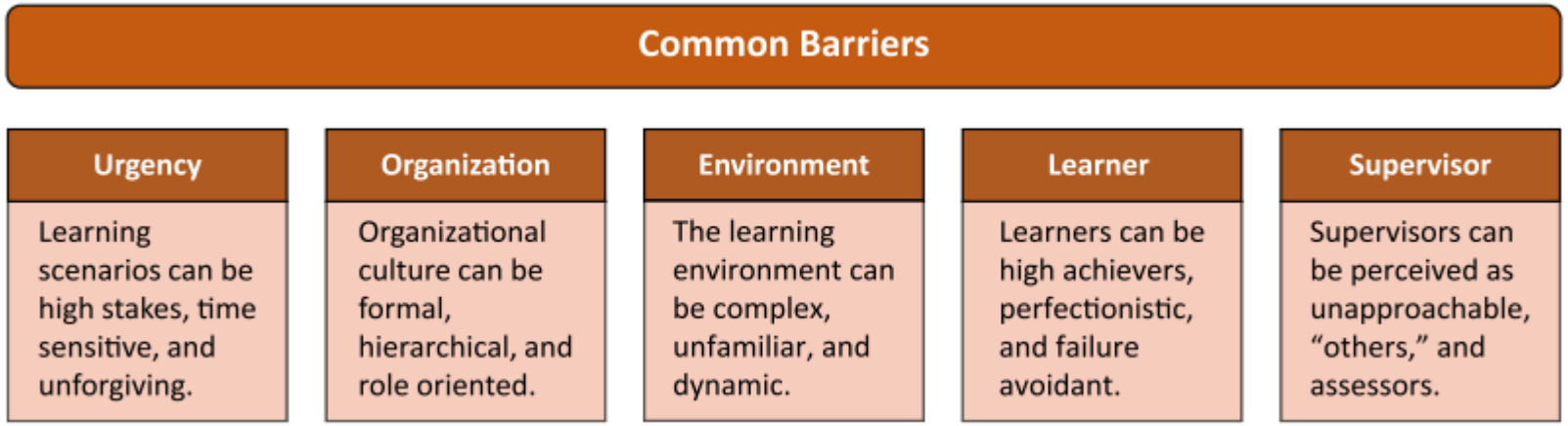
They ask thoughtful questions that encourage learners to think outloud and learn. They create comfortable safe learning environments and are mentors that are approachable

How Do You Know A Faculty Member Is Interested In Your Education?

- They do a kind version of "pimping" (really just asking us questions) during rounds
- I know faculty are interested in my education if they ask about what my career plans are and make an effort to provide teaching relevant to my anticipated career. Also, I feel they are interested if they ask my goals and actually follow-up on them and ensure I am working towards them throughout the rotation, and provide feedback at the end.
- They ask thoughtful questions that encourage learners to think out loud and learn. They create comfortable safe learning environments and are mentors that are approachable

How To Build Psychological Safety

Barriers To Building Psychological Safety



Brown *et al.* JGME 2024

Learner +/- Supervisor

Medical Education Online

FEATURE ARTICLE

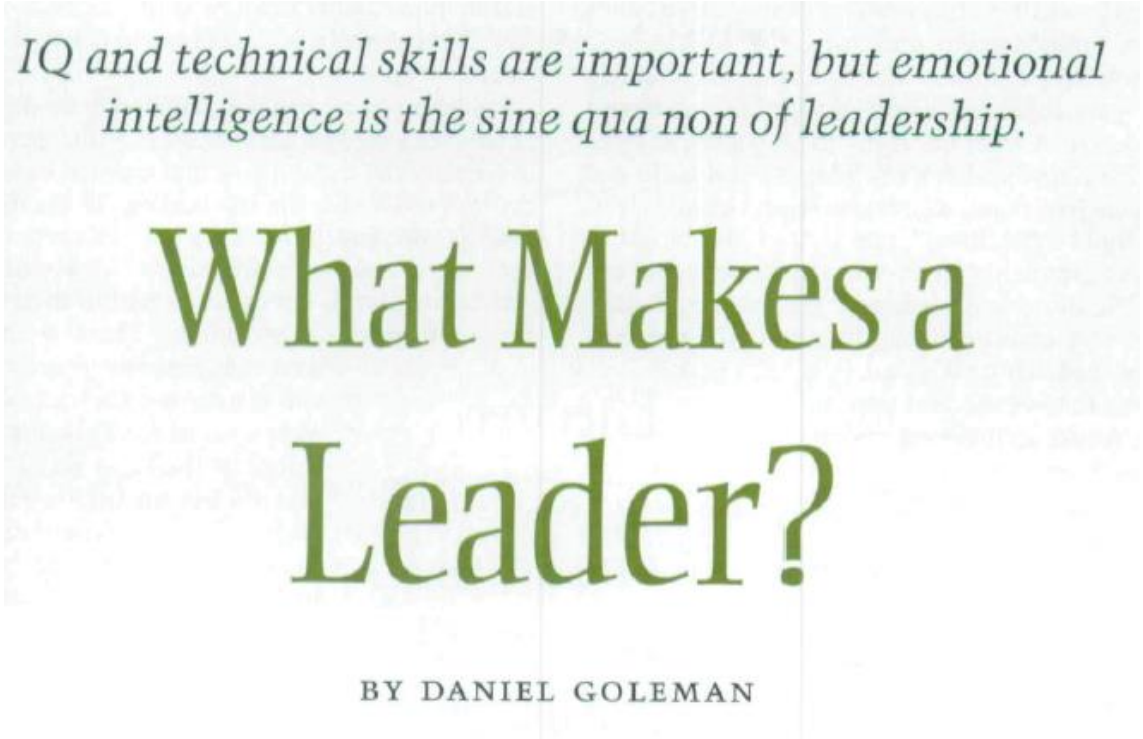
Ten tips for receiving feedback effectively in clinical practice

Ali H. Algiraigri*

Community Health Sciences, University of Calgary, Calgary, AB, Canada

#	Point of emphasis	How to deal with it?
1	Self-assessment	*Break down the task into different components* rather than looking at the *global picture*.
2	Do I really need feedback?	Everyone has a *blind spot*, which prevents us from reaching the next stage of growth, so go and discover it.
3	Your preceptor(s)	*Connect well* with your teacher and build up the bridge of success.
4	Little or no feedback	Take *initiative* and ask for the feedback.
5	Positive feedback	*Thank* your instructor and *appear confident*. Take that task to the proficient level.
6	Your emotion	You are *expected to make mistakes*. It is *normal to receive constructive* feedback. Feedback is an *opportunity for improvement*. Be a good *listener*.
7	Your turn! What after the feedback?	Here is what *really matters*, *be part of* the constructive *action plan* and *follow* that *up*.
8	Generation differences	*Acknowledging* this will help you to better understand your preceptors.
9	General, non-specific feedback	*Probe and ask* questions to figure out what exactly is the point.
10	Be ready for it	Situations matter, feedback can happen at *any time and in any form*.

Supervisor +/- Learner



The Five Components of Emotional Intelligence at Work

	Definition	Hallmarks
Self-Awareness	the ability to recognize and understand your moods, emotions, and drives, as well as their effect on others	self-confidence realistic self-assessment self-deprecating sense of humor
Self-Regulation	the ability to control or redirect disruptive impulses and moods the propensity to suspend judgment – to think before acting	trustworthiness and integrity comfort with ambiguity openness to change
Motivation	a passion to work for reasons that go beyond money or status a propensity to pursue goals with energy and persistence	strong drive to achieve optimism, even in the face of failure organizational commitment
Empathy	the ability to understand the emotional makeup of other people skill in treating people according to their emotional reactions	expertise in building and retaining talent cross-cultural sensitivity service to clients and customers
Social Skill	proficiency in managing relationships and building networks an ability to find common ground and build rapport	effectiveness in leading change persuasiveness expertise in building and leading teams

Building PS

Forbes

FORBES › SMALL BUSINESS

15 Ways To Promote Psychological Safety At Work

Expert Panel® Forbes Councils Member
Forbes Business Council COUNCIL POST | Membership (Fee-Based)

Dec 7, 2020, 08:10am EST

Updated Apr 14, 2022, 02:04pm EDT

1. Don't rush to fix things
2. Build trust by being transparent
3. Build a culture of team, not talent
4. Build a culture where mistakes are okay
5. Establish rules of engagement

Harvard Business School Online

HOW TO BUILD A PSYCHOLOGICALLY SAFE WORKPLACE

28 MAR 2024

Catherine Cote | Staff

CLIMB, Dynamic Teaming, Leadership, Management

1. Talk about it [Psychological Safety]
2. Use a scale to guide what to work on
3. Request input
4. Admit your mistakes
5. Continually reassess

Role Modelling Can Be Done By Everyone On The Team

Team psychological safety*
1. If you make a mistake on this team, it is often held against you.
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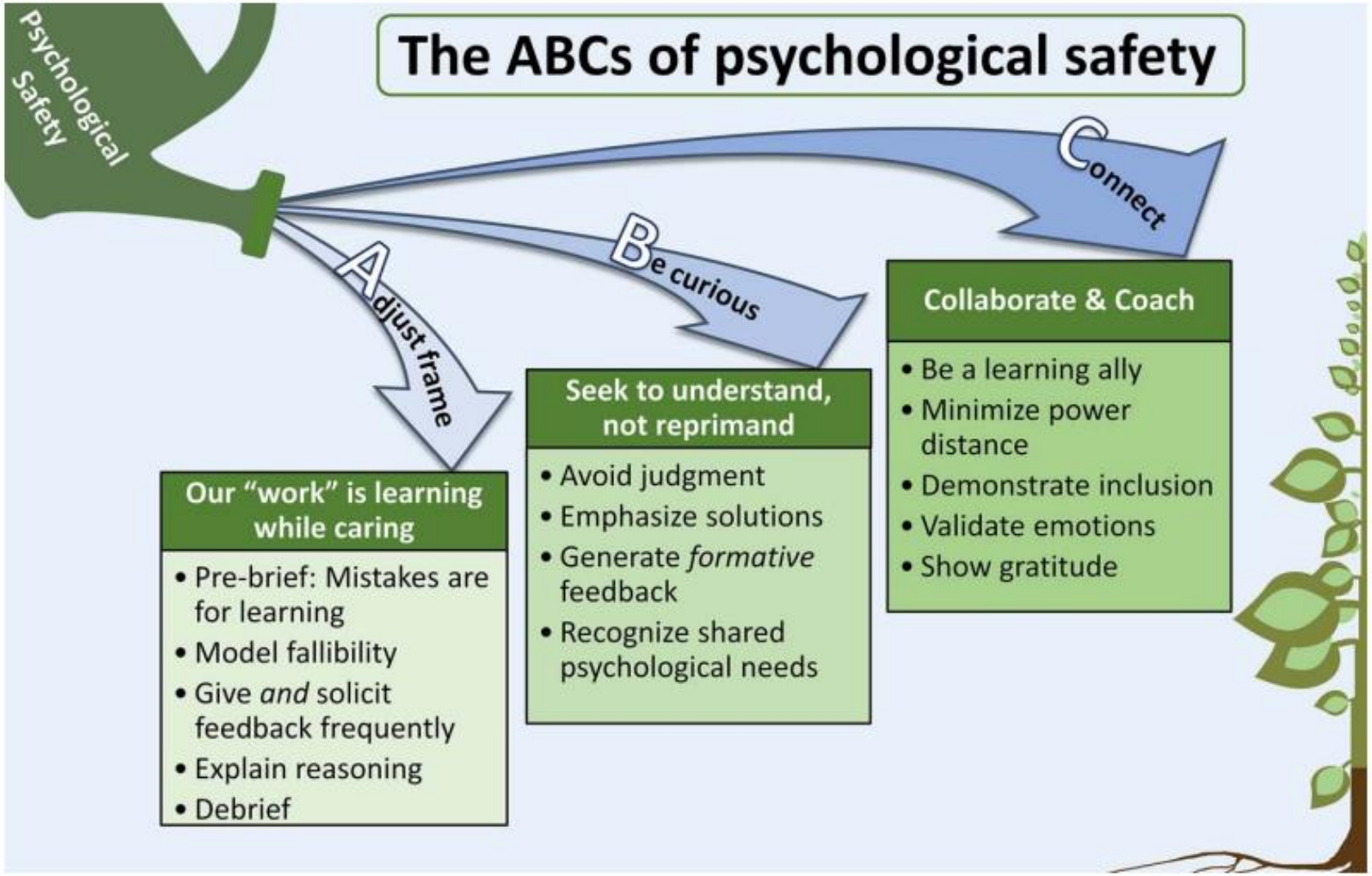
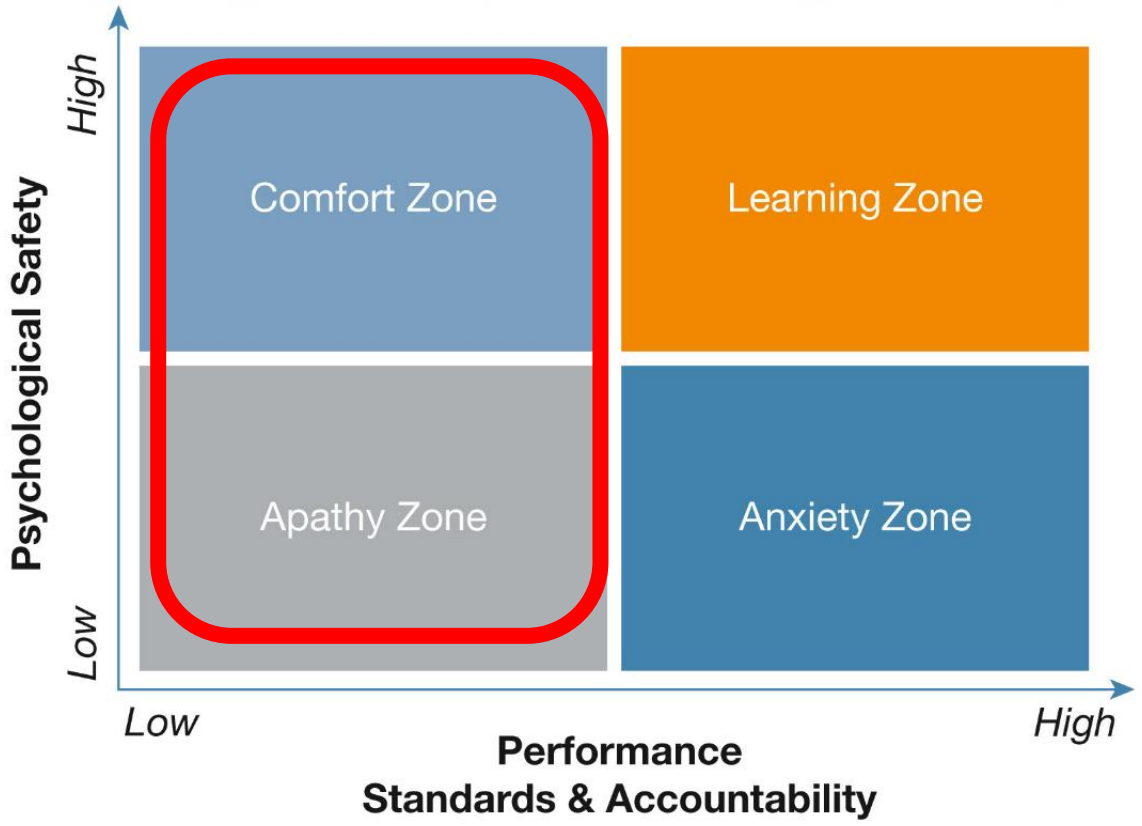
Behavior	Examples
Individual behaviors	•Make eye contact•Call people by their preferred name and pronouns•Be aware of your body language and tone•Be present and focused when with your team•Demonstrate curiosity•Demonstrate humility•Self-reflect•Be gracious with your assumptions•Demonstrate empathy and compassion
Communication behaviors	•Ask open-ended questions•Invite and provide feedback•Say "I don't know"•Express appreciation when team members speak up•Ask clarifying questions and verify understanding•Practice active listening•Encourage open discussion•Be mindful of speaking time in groups and allow for all team members to speak•Listen to understand, not to respond
Behaviors that support innovation	•Make it safe to make mistakes•Celebrate innovation failures and successes•Encourage experimentation•Admit mistakes•Share past failures•Practice tests of change
Behaviors that support quality and safety	•Use closed-loop communication•Use structured communication tools (eg, checklists, debriefs)•Allow for constructive inquiry•Share learning across teams•Encourage learning from mistakes and errors•Invite different perspectives•Use safety statements (eg, "I expect you to let me know if I do not have the correct information")•Engage all members of the team in discussion
Leadership behaviors	•Acknowledge when team members are doing things correctly•Reframe mistakes as opportunities•Describe elements of success•Share your vision•Set expectations•Practice behavioral integrity•Be visible•Appreciate efforts of your team members•Demonstrate genuine interest•Practice thoughtful inquiry•Call out behaviors that do not support psychological safety

Kumar, CHEST 2023



Brown *et al.* JGME 2024

What Not To Do



Kumar, CHEST 2023

How To Do It

- Make a plan, specific and measurable
- Ask for help, and ask for feedback

Conclusion

1. Creating a psychologically safe environment for your learners is an expectation, is appreciated by learners, and probably enhances their learning +/- patient safety

2. Use available feedback to gauge how well you as an individual, or as a section, are establishing psychologically safe environments

3. Make a specific planned intervention with a measurable outcome