

Creating a Culture of Psychological Safety as Medical Educators

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As the COVID-19 pandemic has led to changes in medical infrastructure in the US, many new medical teams, often with medical student and resident learners, have formed in varying capacities to help mitigate the influx of patients. Many vaccination clinics, testing centers, outpatient and inpatient facilities, and ICUs have emerged and/or expanded. As medical educators and team leaders, creating a culture of psychological safety is a key to providing quality care for patients, and is integral to supporting our learners on the frontlines as they practice in unfamiliar territory.

Psychological safety (PS) is a term used to describe feeling comfortable, sharing thoughts, opinions, and observations without the fear of ridicule or embarrassment. An example is a junior member of a team admitting an error they made to the attending physician without fear of shame. This same junior member should also feel safe admitting an error they attribute to the attending physician without fear of retribution. Psychological safety is strongly associated with how residents rate their clinical learning experience and has also long been recognized as part of successful patient safety and quality improvement processes (1,2).

How can you help to create a culture of psychological safety on your team as a medical educator and team leader? By inviting input from all team members, promoting active listening, and acknowledging the limits of your own knowledge.

The Agency for Healthcare Quality and Research suggests the use of these phrases by any member of the team during a meeting (3,4):

1. Maybe someone has a different perspective? I'd really like to hear some other opinions.
2. If you see anything you are concerned about, please speak up. We're a team and we have each others backs.
3. It's totally fine to disagree. That is why we are talking about this together.
4. Let's go around and hear everyone's reaction to this.
5. I'm not sure I've done this right and would appreciate if someone can double check me.
6. Thank you for pointing out my mistake. You just saved me from a bigger problem!

The Institute for Healthcare Improvement also recommends team leaders meet with the individuals who report to them in short one-on-one meetings. They should be asked for feedback and the response to this feedback is key. They then should conduct frequent huddles where some of the individual feedback received can be shared freely as a group (4). It is almost important to quickly address behaviors that are counterproductive to PS culture such as ignoring the opinions of team members or blaming others for mistakes.

By leading a team with PS in the forefront, educators and leaders can create an environment where every team member feels valued. Learners can feel safe and supported to speak up for clarity in their learning process and for the safety of their patients. Quality care can be delivered to patients in new environments, even with unfamiliar team members and in stressful situations.

For further reading: Frankel A, Haraden C, Federico F, Lenoci-Edwards J. *A Framework for Safe, Reliable, and Effective Care*. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017

References

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