

# Psychological Safety in the Learning Environment from both a UME and GME Perspective: Maybe not what you think!

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# Objectives

1. Define and identify elements of psychological safety
2. Understand the mission and importance of the Learning Environment Advocacy Committee (LEAC) at VTCSOM
3. Learn to design teaching sessions within your environment which exemplify the principles of psychological safety

# Psychological Safety

- Coined by Harvard Business School professor Amy Edmondson in 1999.
- It is a belief that one can share one's thoughts, feelings, ideas, questions, concerns, or mistakes without fear of punishment or humiliation.
- It is a team climate characterized by interpersonal trust and mutual respect.
- It enables team members to take risks, be creative, and learn from each other.

# Amy Edmondson



# Simply Stated: Psychological Safety includes:

- Setting the Stage: purpose and expectations (destigmatize failure and risk)
- Invite participation: all voices are credible and the team is open to change
- Respond productively: express appreciation and lay out next steps

1. Academic Medicine, Vol. 97, No. 11S/November 2022 Supplement
2. Edmondson AC. The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth.

# WHAT'S THE DIFF?

## Trust and Psychological Safety

Psychological safety is the belief that your environment is safe for interpersonal risk-taking. It's similar, but slightly different from, trust.

### TRUST

Will **YOU** give others the benefit of the doubt when you take a risk?



*"Bob is probably going to freak out if I disagree with him."*

### PSYCHOLOGICAL SAFETY

Will **OTHERS** give you the benefit of the doubt when you take a risk?



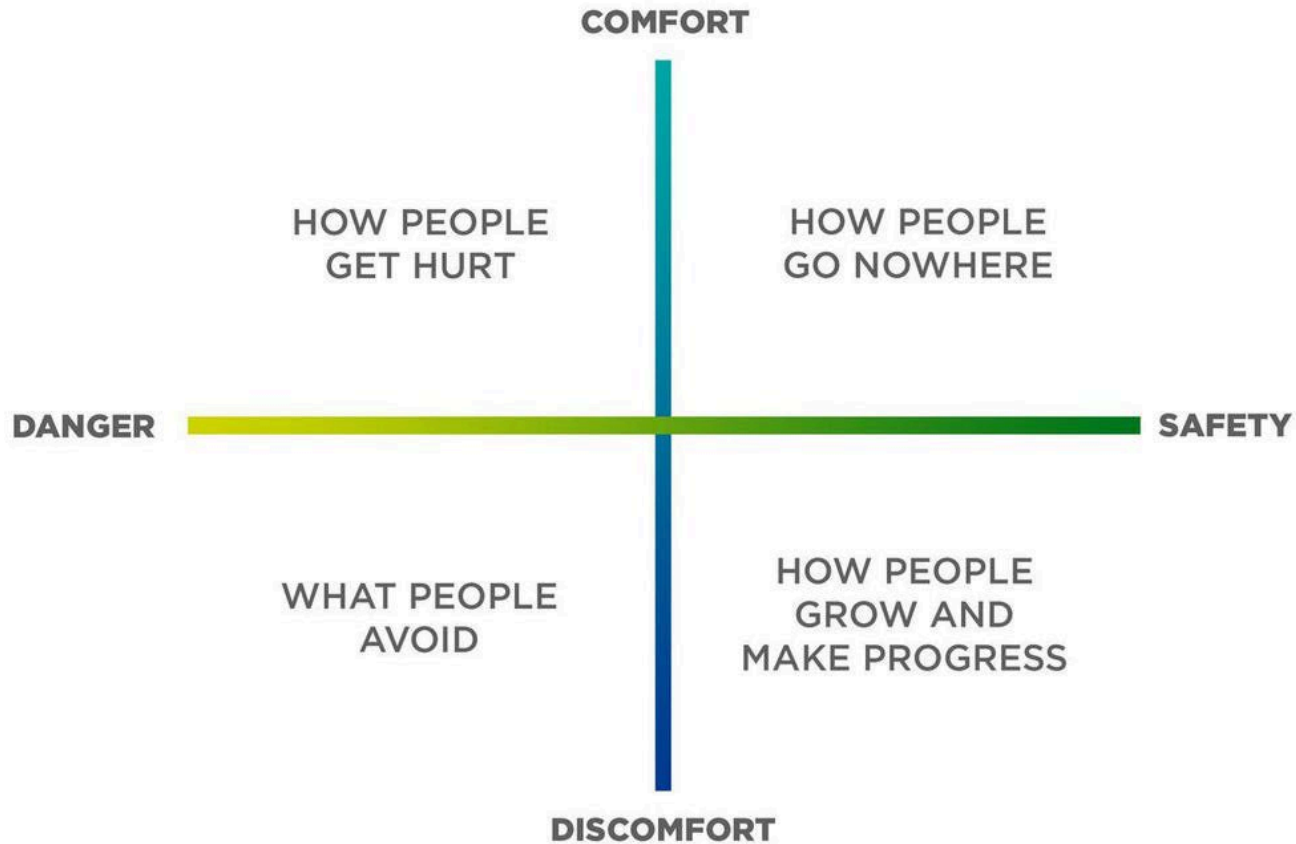
*"My team expects me to speak up. It's how we do things."*

Sources: Edmondson, A. C. (2002). Managing the risk of learning: Psychological safety in work teams. Boston, MA: Division of Research, Harvard Business School, and Frazier, M. L., Fainshmidt, S., Klinger, R. L., Pezeshkan, A., & Vracheva, V. (2017). Psychological safety: A meta-analytic review and extension. *Personnel Psychology*, 70(1), 113-165.

SCIENCE FOR WORK

# SAFETY IS NOT THE SAME AS COMFORT

Whether you're talking about the gym or a team environment, the following holds true:



# Really Simply

## The Transcendentals of Education

- Expectations
- Questions
- Feedback





# Psychological Safety is not simply

- An end to itself: everyone is happy but the company is going into the ground
- Not simply about wellness or niceness
- Not avoiding conflict: quite the opposite
- Not word diarrhea or oversharing: be thoughtful

# In the clinical learning environment, there are multiple...

## Stakeholders:

- Learner safety
- Teacher safety
- Patient safety

## Stages of safety:

- Inclusion safety
- Collaboration safety
- Challenger safety



# Learner safety

- It's safe to:
  - Discover
  - Ask questions
  - Say, "I don't know"
  - Experiment
  - Learn from mistakes

# Teacher safety

- It's safe to:
  - Ask questions
  - Share your experience
  - Challenge
  - Set expectations
  - Give constructive feedback

# Patient safety

- Teachers and learners must recognize:
  - The vulnerability of the patient
  - The health literacy of the patient
  - The background and potential preconceptions of the patient
  - The need to clarify/ask for understanding

# Inclusion safety

- It's safe to:
  - Know that you are valued
  - Value others and treat them fairly
  - Openly contribute
  - Feel your opinions matter

Is a moral imperative

# Collaborator safety

- It's safe to:
  - Engage and interact
  - Have mutual respect and access
  - Maintain open dialog
  - Foster constructive debate

Results in openness and trust

# Challenger safety

- It's safe to:
  - Express ideas
  - Challenge the status quo
  - Identify problems

Results in creativity and innovation



# But what about the dreaded Learning Environment Advocacy Committee (LEAC)

- The LCME requires medical schools to have a means through which students can reported concerns in an anonymous fashion.
- Students are asked on the AAMC Graduate Survey if they know the procedures for reporting mistreatment.

# LCME

## **Standard 3.5: Learning Environment/Professionalism**

- The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

## **Standard 3.6: Student Mistreatment**

- A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

# But what about the dreaded Learning Environment Advocacy Committee (LEAC)

- The committee is interdisciplinary and meets monthly.
- All reports are de-identified (both the reporters and the subject are de-identified).
- The committee hears the report and:
  - Determines whether it's a LE issue and if so, the severity
  - Decide how to best proceed

# For faculty: What are students told about the learning environment?

- Mandatory yearly Learning Environment session
- Define the Learning Environment and VTCs commitment to a healthy LE
- Methods of reporting perceived LE violations
- Scenarios to discuss as a group

# For students: What are faculty told about the learning environment?

- Introduction to the Learning Environment at new faculty orientation
- In the context of faculty meetings:
  - Routine
  - When there are identified problems (based on the GQ or student reports)

# Words matter

- Know the names of the team (and don't be afraid to ask how to pronounce) and then refer to them by name
- If you sense confusion or discomfort with something you've said, seek to clarify
- Be willing to apologize for any miscommunication

# What about humor?

- Humor can be a coping mechanism
- Humor can be used to make connections with patients and learners (break down barriers)
- But it can also be perceived as insensitive
  
- If you use humor, let your team know and be willing to accept feedback about how it might have been perceived differently than intended
- Aim humor at common human annoyances rather than aiming at specific people

# Psychological safety in the preclinical setting

- Create an environment of safety by:
  - Setting expectations
  - Inviting participation
  - Being willing and giving permission to challenge
  - Providing (and accepting) feedback



# Real Life Scenarios - DeMott

- Flattening the Hierarchy
  - Team expectations
  - Follow-Up
- When not done well (but repaired)
  - Shutting down helpful voices
  - How to repair

# Psychological Safety: When done well can address

- The Hidden Curriculum
- Team Functioning
- Team Wellness
- Just Culture: avoiding catastrophic outcomes
- Diversity, Equity, and Inclusion (DEI)

Applebaum et al. Psychological Safety and Support: Assessing Resident Perceptions of the Clinical Learning Environment. *Journal of Graduate Medical Education*, December 2018.

# Audience thoughts