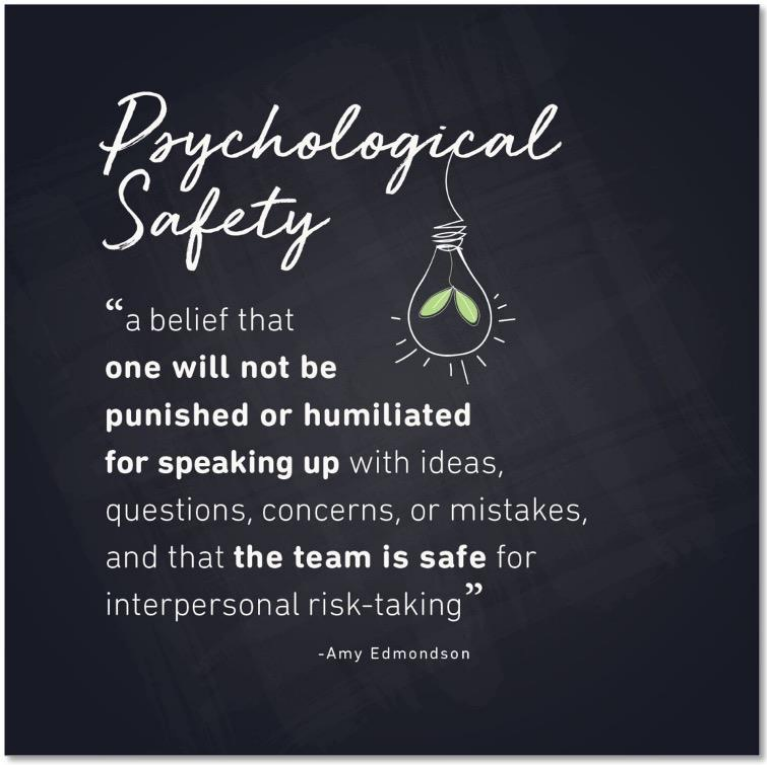
Work Teams and Psychological Safety **August 21, 2022**

Dear Residents,

Last week Dr. Scielzo and I had a meeting with Drs. Greilich and Reed to discuss the value of expanding the medical school initiative called Team FIRST to graduate medical education. The underlying construct behind Team FIRST is that most errors in medical care can be traced back to communication lapses. As the discussion continued, we focused on the premise that psychological safety is a fundamental prerequisite for effective team communication. If the culture does not make it safe to speak up or draw attention to a problem – we cannot prevent or fix errors expeditiously. I reflected on the numerous patient safety reports I receive. These patient safety posts are usually submitted by nurses who are part of the team taking care of your patients. Most of these reports are about communication failures. Sometimes I am surprised that the reported problems were not handled in real time. Perhaps this is a manifestation of a culture that does not permit speaking up in the moment – I wonder if "safety post" has a dual meaning – that it's "safer" to use a "safety post" because it's "not safe" to speak up openly in the moment. I know it's more complicated than that – I'm just curious all the same!

The concept of psychological safety in work teams was formulated by Amy Edmonson in 1999. Here is her definition of this construct:



Teams with high psychological safety outperform other teams. This is because moderate risk taking is possible, because mistakes are permitted and because you can stick your neck out without your head being chopped off! High performing teams view conflict as collaboration, replace hierarchy with a "just like me" human-to-human approach, and replace blame with curiosity.

Some teams have gone as far as to write down their unwritten rules: It's okay to...

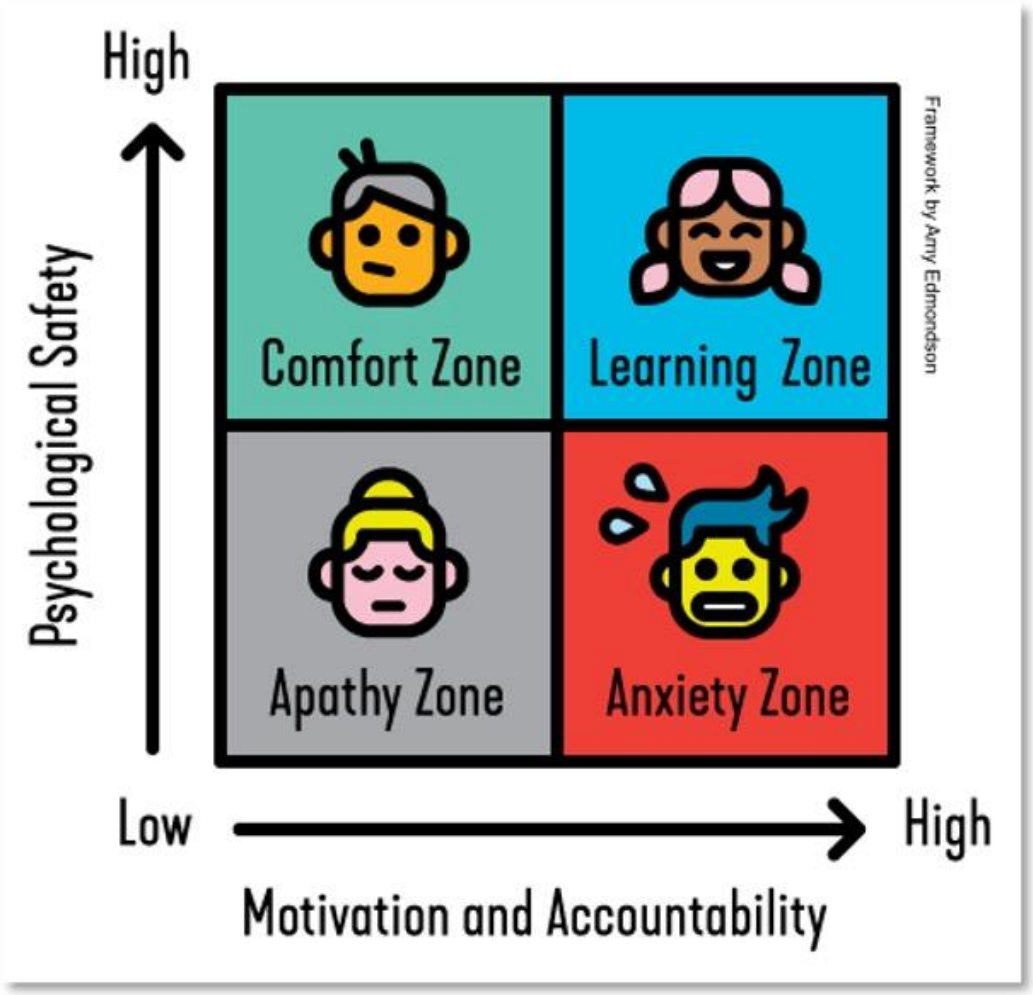
- Say you don't understand
- Not know everything
- Have quiet days
- Ask why, and why not
- Ask the management to fix it

I wonder what our unwritten rules would be. I'm going to make some guesses here. It would be okay to say:

- I have no clue what the diagnosis is
- I have a question
- I think you missed something
- Can I tell you what I think?
- I have already had the maximum number of permitted admissions... I'm calling the attending
- I'm too tired to continue safely
- I need a day off

- I forgot to order the labs
- I think I ordered the wrong medication

Amy Edmonson also writes that Today's Leaders Need Vulnerability, Not Bravado. We have been exceptionally lucky in Internal Medicine with leaders like Dr. Wang and his predecessor, Dr. Johnson. Both are great listeners, encourage others to speak up and lead with humility. There is open communication in our meetings, they relish being challenged and often use language like, *"I hadn't thought of that… that's a fresh perspective… that may not work, but it's worth a try."* Our program has also progressively improved on an important ACGME metric: your ability to raise concerns without fear (36% in 2012 to over 90% currently), and I hope that you will continue to feel that it is safe to do so.



If we keep quiet because we fear judgment, if we strive to look perfect, and if we cannot admit a mistake, then we will stagnate or live in fear. If leaders don't ask questions, if there are never any disagreements or differing opinions, then they will lead us to a place called nowhere.

Psychological safety is not only crucial at work, it also promotes healthy personal relationships – where you can have safe conversations and work out conflict with mutual respect and understanding.

Want to read more about this topic – check out this resource.

I welcome your curiosity and your ideas,

Dino Kazi