

# Creating Psychological Safety in Clinical Settings

UVM Snow Season Retreat

January 12, 2023

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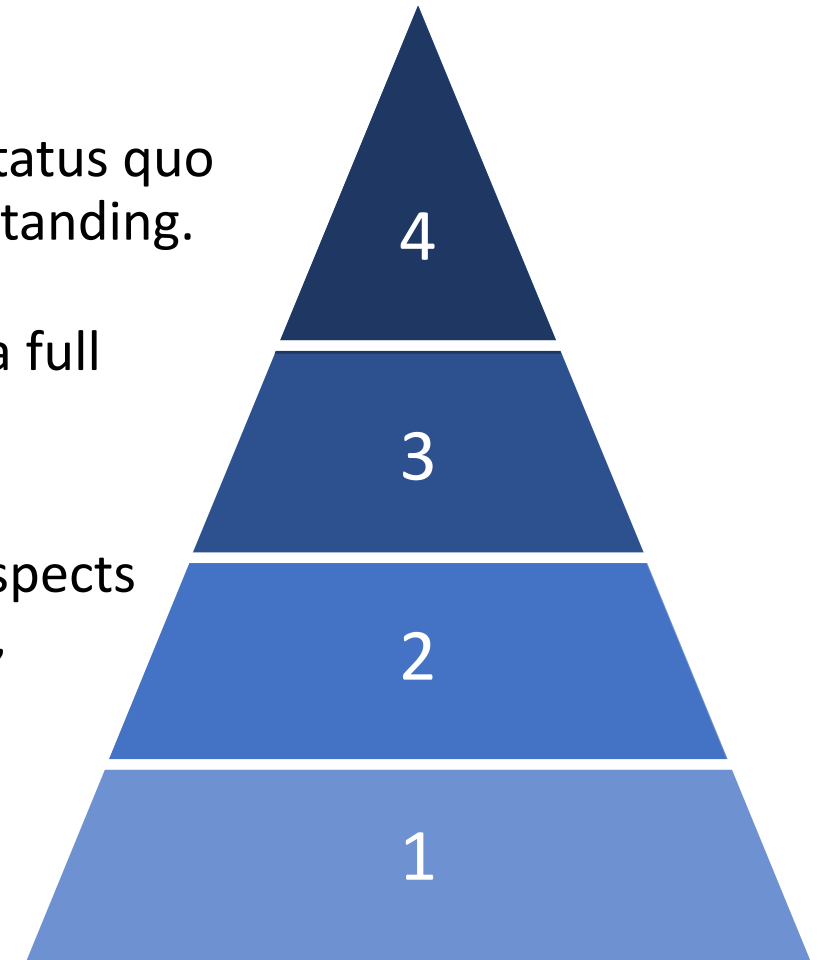
# Background

- Psychological safety is the belief that you won't be ridiculed, marginalized, or otherwise punished for speaking up with ideas, questions, or mistakes.
- Psychological safety is a critical but often overlooked aspect of educational settings that can have a large impact on student learning and well-being.
- This may be particularly true of clinical learning environments given their hierarchical nature, and the pervasiveness of uncertainty, ambiguity, and constant evaluation.
- A promising framework for investigating psychological safety is the 4-stage model proposed by Timothy Clark.\*

*\* Clark TR. The 4 Stages of Psychological Safety. 2020. Berrett-Koehler.*

# Clark's 4 stages of psychological safety

4. Challenger safety allows us to feel safe to challenge the status quo without retaliation or the risk of damaging our personal standing.
3. Contributor safety allows us to feel safe to contribute as a full member of the team, using our skills and abilities with energy and enthusiasm.
2. Learner safety allows us to feel safe as we engage in all aspects of the learning process—asking and answering questions, giving and receiving feedback, and making mistakes.
1. Inclusion safety allows us to gain membership within a social unit and interact with its members without fear of rejection, embarrassment, or punishment.



# Theoretical Framework 1

## “Signature Pedagogy of the Profession”

1. For medical education, signature pedagogy = questioning learners during bedside rounds (Shulman, 2005)
  - A. Approaches to questioning
  - B. From *Stoddard HA & O’Dell, DV. Would Socrates Have Actually Used the “Socratic Method” for Clinical Teaching? Journal of General Internal Medicine. 2016; 31(9): 1092-1096*
    - i. **Socratic**
      - a. Identify what is known and determine what needs to be learned
    - ii. **Pimping** (pseudo Socratic)
      - a. Expose what is not known
2. One question may have different impacts on students
  - A. Impact is contingent on **LEARNER** psychological safety
3. **CONTRIBUTOR** psychological safety
  - A. more commonly associated with residents/fellows
  - B. occasionally relevant to students

# Theoretical Framework 2

## “Situated Learning”

1. Situated learning (or workplace-based learning)
  - A. “Legitimate Peripheral Participation”
    - i. Learners move towards higher-stakes and independent authentic tasks
    - ii. Resemblance to Clark’s stages
      - a. Increasing contribution to team
2. From *Handley K, Clark T, Fincham R, Sturdy A. Researching situated learning: Participation, identity and practices in client-consultant relationships. Management Learning. 2007 Apr;38(2):173-91.*
  - A. “The ability of individuals to participate, and the forms which that might take, have been seen to be **constrained or enabled by the power dynamics** relevant to the local setting.”
  - B. “Individuals develop their identities and practices according to the **participatory opportunities** available to them.”

# Methods

- The data consist of 8 years' worth of student comments collected on clinical teacher evaluation forms (up through May of 2022) that included a reference to the clinical learning environment (CLE).
- A keyword search was conducted looking for references to the “learning environment,” “safe space,” “team environment,” and related terms.
- 1855 student comments about the CLE were found in the clinical teacher evaluations, 87% of which were positive.
- A “directed” (i.e., theory-based) content analysis was conducted on these 1855 comments. Comments were flagged based on their association with Clark’s 4-stages of psychological safety.

# Illustrative Quotes

## 1. Inclusion safety

*She went above and beyond to make students feel welcome on the team.*

*Dr. \_\_\_\_ did not even acknowledge the presence of a student in the room.*

## 2. Learner safety

*Made me feel comfortable asking questions, whether clinical, logistical, or about residency.*

*He always had snarky comments to make when asked a question, which made me not ask.*

## 3. Contributor safety

*She gave students ownership of patients and responsibilities regarding their care.*

*It felt as though he expected us to be flies on the wall.*

## 4. Challenger safety

*Created a comfortable environment where I was able to question or challenge things.*

*She doesn't tolerate any difference of opinion regarding patient behavior.*

# Results

## Analysis of Comments that Referenced the CLE

<b>Clark's Stage</b>				
	<b>Inclusion Safety</b>	<b>Learner Safety</b>	<b>Contributor Safety</b>	<b>Challenger Safety</b>
<b>Positive</b>	996	909	551	24
<b>Negative</b>	167	122	52	10
<b>Count (% of all comments)</b>	1163 (63%)	1031 (56%)	603 (33%)	34 (2%)



# Findings are consistent with Clark's model

- The large majority (89%) of student comments about the CLE were consistent with Clark's 4-stage model of psychological safety
- However, very few comments were associated with Challenger Safety (Why?)
- Several comments explicitly linked Inclusion Safety with higher stages:

*"Dr. \_\_\_\_\_ was very approachable, which made me feel comfortable asking questions."*

*"Oftentimes, it felt as if she was dismissive and as if having a student was a burden which certainly did not foster an environment where questions could be asked."*

*"She provides a supportive learning environment that makes the team members strive to improve everyday."*

*"Her positivity and encouragement helped me to feel confident participating."*

# Breakout group activity

Working in small groups, brainstorm interventions for fostering psychological safety at Clark' 4 stages (i.e., Inclusion, Learner, Contributor, Challenger).

Should interventions focus on ...

- medical students, clinical teachers, clinical leadership, or the larger system?
- teacher education, teacher remediation, student/trainee resilience?
- UME or GME levels?

How can success be measured?