Exploring the Construct of Psychological Safety in Medical Education

RIME Research Papers
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Purpose: Psychological safety (PS) is recognized as key in health professional education. However, most studies exploring PS in medical education have focused on mistreatment, thus focusing on what PS is not. We therefore set out to explicitly explore learners’ concept of PS in the context of medical education to better understand and define PS and its educational consequences for medical students.

Approach/Methods: This descriptive exploratory study was conducted in the context of a pilot peer-assisted learning (PAL) program. The program brought together residents and medical students for 16 semi-formal learning sessions. Eight medical students from a PAL program were recruited for semi-structured interviews to explore their experiences of PS. Transcripts were thematically analyzed using an inductive approach, and social ecological theory was integrated in the latter stages of analysis.

Results/Outcomes: PS was described by the students as not feeling judged. Having supportive relationships with peers and mentors improved PS. Students’ sense of PS appeared to free them to focus on learning in the present moment without considering the consequences for their image in the eyes of others. Feeling safe also seemed to facilitate relationship building with the mentors.

Conclusions: A sense of PS appears to free learners from constantly being self-conscious about projecting an image of competence. This enables learners to be present in the moment and concentrate on engaging with the learning task at hand. We propose that the term ‘educational safety’ be used to describe a relational construct that can capture the essence of what constitutes psychological safety for learners.
Purpose: The data for this paper were collected as part of a larger project exploring how the medical profession conceptualizes the task of supporting physicians struggling with clinical competency issues. In this paper, the authors focus on a topic that has been absent in the literature thus far—how physicians requiring remediation are perceived by those responsible for organizing remediation and by their peers in general.

Methods: Using a constructivist grounded theory approach, the authors conducted semi-structured interviews with 17 remediation stakeholders across Canada. Given that in Canada health is a provincial responsibility, the authors purposively sampled stakeholders from across provincial and language borders, and across the full range of organizations that could be considered as participating in the remediation of practicing physicians.

Results/Outcomes: Interviewees expressed mixed, sometimes contradictory, emotions towards and perceptions of physicians requiring remediation. They also noted that their colleagues, including physicians in training, were not always sympathetic to their struggling peers.

Conclusion: The medical profession’s attitude towards those who struggle with clinical competency - as individuals and as a whole - is ambivalent at best. This ambivalence grows out of psychological and cultural factors, and may be an undiscovered factor in the profession’s struggle to deal adequately with underperforming members. To contend with the challenge of remediating practicing physicians, the profession needs to address this ambivalence and its underlying causes.
Effect of Professional Background and Gender on Residents' Perceptions of Leadership

RIME Research Paper

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Purpose: To examine the impact of professional background and gender of a resuscitation team leader on residents' perceptions of leadership skills.

Methods: The authors video-recorded a scripted, simulated resuscitation scenario twice, with either a male or female team leader. They copied each video and labeled the leader as physician (MD) or nurse practitioner (NP), creating four conditions: female NP, female MD, male NP or male MD. The authors recruited resident participants from five specialties at four institutions; they randomly assigned residents to view one version of the video and rate the team leader’s performance using the Ottawa Crisis Resource Management (CRM) Global Rating Scale in an on-line survey. The authors conducted two-way ANOVA to examine interactions between team leader gender and profession on CRM ratings.

Results/Outcomes: 160 of residents responded (89 female, 71 male). We found a statistically significant main effect of team leader gender on residents' ratings in 2 of the 6 CRM domains: leadership (F1,156=6.97, P=.009) and communication skills (F1,156=8.53, P=.004), due to lower ratings for female than male leaders (5.29±0.95 vs 5.74±1.17; 5.05±1.20 vs 5.57±1.06). There was no effect of profession on ratings and no significant interaction between profession and gender of the team leader on ratings for any of the domains.

Conclusion: These findings indicate bias among residents against females as team leaders. Future studies should focus on how these biases develop, in particular how medical education practices contribute to the development of bias. Mitigating such bias is essential to successfully establish shared leadership models in healthcare.