



Helen Mason

Healthy, thriving communities, Kia Momoho Te Hāpori Ōranga.

Psychological safety and teaming in healthcare

We recently had a Grand Round on Psychological Safety which was very impactful on a number of levels. Psychological safety is about creating an open, high trust environment where people feel safe and supported. A lack of psychological safety is evident when people don't feel free to share their honest thoughts, have a fear of reprisals or experience a low trust environment.

The Grand Round began with a Ted Talk from Harvard Business School Amy Edmondson on "Teaming", and specifically 'How to turn a group of strangers into a team'. If you weren't there or haven't seen it, it's definitely worth watching; the link is included here:

https://www.ted.com/talks/amy_edmondson_how_to_turn_a_group_of_strangers_into_a_team?language=en

Amy focusses on how teams that are not permanently together can still work well together; where people come together quickly (and often temporarily) to solve new, urgent or unusual problems.

The Harvard Business School methodology for learning is a case study methodology and one of the case studies Amy has looked at closely is that of the incredible rescue of 33 miners trapped half-a-mile underground in Chile in 2010.

She describes this famous rescue effort as 10 weeks of teaming, with hundreds of individuals from different professions, companies, sectors and countries coming together to tackle a joint problem. They had no shared culture, shared organisational imperatives or hierarchy but they managed to solve a very difficult problem and successfully rescued the miners. She teases out exactly what enabled that to happen.

Amy studies 'teaming' because it's the way more and more of us have to work today. One workplace environment she studies a lot is that of hospitals.

Hospitals are places where teaming is highly in evidence. The average hospital patient is seen by 60 or so different caregivers, she says. These are people on different shifts or with different specialties or areas of expertise. They may not know each other but they have to coordinate to deliver great care. So this concept is very relevant for us.

I spoke with our Emergency Medicine Specialist Dr Jo Cole after the Grand Round and was very interested to hear her take on 'teams' and 'teaming' within our own hospital environment.

"In our hospital environment we ask a lot of our 'teams'," said Jo. "Our teams may be geographically or temporally dislocated even though they are caring for the same patient. Or they may be 'teams' who meet only once, at very short notice in high stress situations.

"Recognition of how this differs from other classic examples of teams (All Blacks, Team NZ, Nascar pit crew, etc) helps us to reflect on and develop not only the personal skills and attributes needed but also, equally

importantly, the environmental and systems factors that need to be adapted to help our teams perform at our best during these times.

"Once we recognise the importance of these individual, environmental and systems factors we can focus on 'teaming' skills within our organisation. And we can build and grow a workplace culture that supports this – one built on trust, psychological safety, connection and compassion."

When we're talking about our own psychological safety it's important to remember the link that has with, and to, our patients' safety. It was a link brought home to me by our new Clinical Director, Health Quality and Patient Safety Service, Dr Jerome Ng. At the end of the day all of us are here to deliver great care to our communities so that's really why we want psychological safety, to deliver the very best care we can. Jerome speaks more about this later in this newsletter.

It was a great Grand Round and I was impressed by the number of people who attended. If there had been more time I would like to have asked one question of those present:

- What were you expecting/hoping for from this session?

I would still be very interested to know the answer to that question if anyone who was there would like to email me and let me know. Contact me on helen.mason@bopdhb.govt.nz

Safeguarding our patients: the importance of safety culture - Clinical Director, Health Quality and Patient Safety Service, Dr Jerome Ng

Healthcare at BOPDHB is safe and harm-free most of the time but sometimes it is not. We know that there are very unfortunately sometimes patients who are harmed by the medical care intended to help them, and that this harm can be prevented.¹

Patient safety improvement requires a multi-faceted approach; one of which is a positive safety culture. Safety Culture is the way patient safety is thought about and implemented and the systems in place to support this. A positive safety culture is associated with tangible outcomes such as fewer adverse events and medication errors, readmissions and length of stay.² For example, research in the UK suggests that a 5% increase in staff working in 'real teams' associated with a 3.3% drop in mortality rate.³ Help our place move from Good to Great for patients by leading and supporting:

- A commitment to patient safety
- Open communication founded on trust
- Organisation learning
- A non-punitive approach to adverse event reporting and analysis
- Teamwork; and
- Shared belief in the importance of safety

On some practical tools and support to further improve patient safety culture at your place, contact the **Health Quality & Patient Safety Service**.

"Iterative improvements of the candle never lead to the light bulb."

BOPDHB Clinical Director Health Quality and Patient Safety Service Dr Jerome Ng.

Dare to Lead and psychological safety

– Education Manager, BOP Clinical Campus, Christine Busby

As part of our work in developing leadership resources and training at the DHB, looking at what competencies and skills we need our leaders to have now, and in the future, I attended a two-day Dare to Lead workshop in Wellington recently.

Dare to Lead is about developing brave leaders and courageous cultures and was created by Brené Brown, a world-famous researcher on studying courage, vulnerability, shame, and empathy. You may have seen her Netflix special, or her TED Talk on vulnerability, or read one of her books. If not, I definitely recommend all of the above.

I was interested to see how we could take a very Texan sounding approach of ‘rumbling with vulnerability’ and ‘taking off your armour before you go into the arena’, and bring elements of this into our context at BOPDHB.

Brené believes that leadership has four skill sets, each of which can be taught, observed and measured. These are Rumbling with Vulnerability, Living into Our Values, Braving Trust, and Learning to Rise.

I’ll admit, I had some scepticism about how much inward exploring we would be doing around our personal vulnerabilities...but, so much of what I learnt directly ties into what I’ve been reading around psychological safety, around making sure that our CARE values are more than posters on the walls, and how we can build trust within our teams, have the tough conversations and get back up again after falling.

Also, as a researcher she has years and years of evidence. This evidence shows that leaders who embrace their vulnerability, and choose courage over comfort, succeed more than those who don’t.

As Brené says: “When we dare to lead, we don’t pretend to have the right answers; we stay curious and ask the right questions. We don’t see power as finite and hoard it; we know that power becomes infinite when we share it with others. We don’t avoid difficult conversations and situations; we lean into vulnerability when it’s necessary to do good work.”

1 Davis, P., et al., Adverse events in New Zealand public hospitals I: occurrence and impact. NZMJ, 2002. 115(1167): p. 1-9.

2 The Health Foundation, Research scan: Does improving safety culture affect patient outcomes? 2011, The Health Foundation.

3 West, M., et al. NHS Staff Management and Health Service Quality. 2011 [cited 2011 05/10/2011];

Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129643.