Transcript of Patient Safety Podcast episode 2:

‘If we are psychologically safe, children are safer in our care’ with Dr Dal Hothi and Dr Jess Morgan

Natalie Wyatt

Welcome to your RCPCH patient safety podcast, where we delve into the successes and the challenges of creating a healthcare environment that is safe for children and young people. I am Natalie Wyatt, Paediatric Registrar and Quality Improvement Fellow at the RCPCH.

Jonathan Bamber

And I'm Jonathan Bamber, Head of Quality Improvement at the RCPCH. In this episode, we're going to focus on psychological safety. How we feel influences what we think and do. So individually, feeling psychologically safe improves performance and innovation, whilst feeling unsafe reduces productivity and harms potential.

Natalie Wyatt

So, creating a workplace in which healthcare professionals feel psychologically safe is one of the essential foundations of building a safe culture. To explore this further, we are very lucky to be joined today by Dr. Dal Hothi and Dr. Jess Morgan. Dal is a paediatric nephrologist at Great Ormond Street Hospital. She's also a Director of Leadership Development at the Faculty of Medical Leadership and Management, as well as being an Officer for Lifelong Careers at the RCPCH.

Dal leads on the RCPCH Thrive Paediatrics Project along with our other guest today, Dr. Jess Morgan, who is a Dinwoodie RCPCH Fellow.

Jonathan Bamber

Well, welcome Dal and Jess. Thank you so much for joining this podcast.

Dal Hothi

Thank you for having us.

Jonathan Bamber

Dal, perhaps we could start with you telling us in a little bit more detail around your career so far and how you became interested in psychological safety in paediatrics?

Dal Hothi

Absolutely. Well, I guess throughout my career, I've been conscious of the importance of safety as a core element of everything we do with our patients, with our colleagues. And then from that safety investment, I think comes this, this concept of feeling psychologically safe, this experience, this attitude or energy that surrounds you that really influences your thinking, your actions, your behaviours, your responses. Amy Edmondson describes it beautifully, it's this belief that no one will be punished or humiliated for speaking up with ideas, questions, concerns or mistakes. And I must admit, as a trainee, I was sometimes, somebody always asked that, why are you doing this and why are we doing that and why can't we do something different? There's always mistakes that I made and I was a conscious, aware of that. As I was starting to become a consultant and practising in my own elements of medicine, you're conscious that your practices might be different from others, but you want to be given the opportunity to continue to advance your practice. And then there's times when you have to challenge things. So life in medicine encompasses all of those elements, and I think that's where the psychological safety element comes in, and that's why I think it's so important. If the environment isn't psychologically safe, we will not learn, we will not progress, and our patients will suffer and I think this is a really important topic.

Jonathan Bamber

Thanks Dal and it's, it's something which within patient safety seems to be a relatively new topic that people are gaining appreciation of. Do you find that in your workplace that there is an appreciation of psychological safety or an understanding of psychological safety?

Dal Hothi

Yeah, I'm very fortunate at Great Ormond Street. We've just undergone a huge transformation program, um, that's trying to improve safety. And one of those elements of that program is culture and psychological safety, so we've brought both in together. I have to say, psychological safety is something I hadn't heard of when I was a trainee or when I was an early consultant. I certainly heard of it and experienced it when I was Associate Medical Director at Great Ormond Street. But I agree with you, it's a new concept. I think we all know when we have it, but it's a new concept that we're introducing and talking about and training people about. I think it's starting to emerge in the last five years or so, but in some places it's still very new.

Jonathan Bamber

And we often learn from specific examples of see of recognizing it when we see it or have experienced it. Have you had examples within your workplace where you feel that it's been an exemplary environment or the alternative that you've noticed that something definitely is not psychologically safe?

Dal Hothi

Well, to answer that question, Jonathan, if I may, I'm just going to refer to a model that I found incredibly helpful as I was starting to understand this concept of psychological safety. So, although most of us are familiar with Amy Edmondson, I found the author Tim Clark, whose four stage model of psychological safety really helped me. So, it's almost like a ladder. It's a four stage of psychological safety. And at each stage that you progress, you need an increasing level of respect and permission. And he talks about four stages of psychological safety. So the first step, stage one, is inclusion safety. And that satisfies all of our basic human need to connect and belong. We have to feel that we're safe to be ourselves and accepted by others and by yourself. Stage two is learner safety, which satisfies our basic human need to learn and grow. So you need to feel safe to engage in the learning process, asking questions, giving and receiving feedback, experimenting and even making mistakes, which is really hard to accept in healthcare. Stage three is contribution safety, which satisfies the basic human need to make a difference. You need

to feel safe to use your skills and abilities for meaningful contribution. And then finally, stage four is the challenge of safety, which satisfies our need to try to make things better. You want to feel safe to speak up and challenge the status quo when you think there's an opportunity to improve. Now, when I first looked at Tim Clark's model, I almost saw it as a one-sided safety model. But now I really believe at its core it's a relational model, it's bidirectional. It's a social contract, it's a social agreement between two people. So it needs to be cultivated by two people within a relationship. So it's a responsibility of both somebody who might be senior and the junior. So the respect and permission that needs to be granted needs to come both ways. And an example of that may be if I'm a consultant on a ward and I have a trainee doctor and I am trying to give them permission to be able to engage in all aspects of learning and I'm really trying hard to achieve that. But in return, I want them to be fully engaging with the learning process and to really take that seriously. And if that doesn't happen, between the two of us, we won't create that psychological safety for me to have to grant them that respect and permission. And for them to be able to really fully embrace it. So I think it's a really important concept to be thinking about, but it has to be thought about as a bidirectional social exchange. And I think sometimes we miss that.

Jonathan Bamber

It's fascinating. And my understanding from what you're saying is if that's not a dialogue then it's not successful.

Dal Hothi

And I'd perhaps be even stronger than a dialogue, Jonathan, if I may. I'd say it's a social exchange, it's a social contract. So for inclusion safety, the exchange we want is to be granted a legitimate status of individuality, but also to be accepted as a human being. So we want to embrace both of those elements. That's the exchange we want. The contribution safety. The exchange is, I'm going to give you the autonomy to use your skills and abilities. In exchange, I really want you to take responsibility for your results. And then finally, for the challenge of safety, the exchange is, okay, listen, I accept there may be a difference and you need to challenge the status quo. But the exchange is honesty and candour. So, if you're going to speak to me with an opinion, in exchange, I'd really like you to listen to my views as well. So we want the honesty and the candour, so we want both elements. But we also want somebody to cover your back. So we need to create a safety net. If we really are going to have this challenger safety, there's got to be honesty. It's got to be candid, but also we have to protect each other. It really is a social contract at its very core. So, Jonathan, if I may, I'm going to perhaps share one of my concerns that psychological safety is sometimes considered a one-way process where somebody is

asking for that psychological safety. But I believe that at its core, it's relational. It's bidirectional. It's a social contract between two people. And both people need to really cultivate that and really want to invest in that to achieve that psychological safety. So if only one person is in that social contract, you won't achieve psychological safety.

Jonathan Bamber

Is this a model that you have, uh, tried to implement in practice within your clinical work and how have you found that going down and how have you experienced that as a model if you have tried to introduce it?

Dal Hothi

I think, to be honest, I've tried to approach it from the four stages. The first is really to talk with people about that inclusion, that sense of belonging. And then I'll start talking about the different stages that go beyond that, but really start talking at that first level. I try to introduce it as a facilitation method where people are having conversations about where they feel safe or don't feel safe and why that may be. I then also try to use it in coaching or reflective practice to really start to really bring into that psychological safety in the everyday. Because actually, it's very easy to lose the psychological safety. I said it's four stages, it's almost like going up a ladder. But it's very easy to slip right down like snakes and ladders. So actually, if you challenge me, Jonathan, in a conversation, you may exclude me and make me feel that I'm excluded, and I'll go right to the beginning. So I think I try to bring in psychological safety as a complex but simple model. It's not easy to achieve, and it is very perceptual. You know, you don't know if I feel psychologically safe, but you can try everything you can to try to make me feel safe. And all I can do is be honest with you and say, I'm not feeling safe right now. But that requires us showing our vulnerability, not shaming ourselves. And it also requires us to be very honest with each other and having a high level of communication. And that's very difficult when you've got a very busy ward. with lots of different personalities, with different people working different shifts. So it's not an easy thing to achieve.

Jonathan Bamber

It's a tricky one because the theory and the will to create an environment where everyone feels safe makes sense. The putting that into practice can often be difficult, particularly when you have a traditionally hierarchical environment where there is deference to people who are either technically or perceived to be more senior. As a leader, I'm sure it's quite difficult to create an environment where everyone feels comfortable to challenge or

to bring up that they may not feel safe. And I was wondering if there are any examples you've had from your, for your practice where you've noticed, "Oh, I thought things were going well," but maybe other people weren't feeling as psychologically safe.

Dal Hothi

Yeah. So I talk about firstly, the concept of psychological safety. I try to get people to lean in when they feel safe or don't feel safe. And then I ask people to break it down to those four components and see what they're doing in those four components separately, rather than talking about the model as a whole. So I think it can be quite overwhelming to try to think about: inclusion, learner, contribution, challenger. So I encourage people to almost break it down as individual experiences and hopefully then those four experiences will come together. So a good example of that for me is I'll ask people to reflect at the end of their award rounds how safe have you felt today to, to challenge me.

Jonathan Bamber

What do the responses tend to be?

Dal Hothi

It's variable, actually, to be honest. And actually, that's a lesson for me. And it's a lesson for them. And it's an opportunity for us to reflect and have a conversation about that. Because the reality is, as it is a relational perceptual, we can't predict how somebody has experienced you, and you can't predict how you are being experienced. It's only by asking, can you really, truly know that? So I think the important part is, Is to start asking the questions, start having a conversation, and then start trying to build an understanding. And from that, refine what's going on. So one of my angst, if you like, is sometimes a “speak up program”. And speak up, we ask people to speak up when something's not quite right. But without the listening, and without the action, it just becomes a program of speaking up. That's not going to build psychological safety. That is a one directional dialogue. Whereas actually, if we can encourage people to speak up, then to listen to what might have been perceived by the other, and together we can perhaps have a conversation about what is it that we want to do differently next time?

Do we want to build better relationships, or do we want to respond differently? Or do we want something to improve? But does that make sense? I think sometimes some of these programs we implement in organisations can have a very limited benefit because it

just feels very one by one directional when you're actually talking about something that is relational.

Jonathan Bamber

It does make sense. I think this might be an ideal moment to bring in Jess to ask your reflections on what psychological safety means to you.

Jess Morgan

Yeah. Um, thanks. So I was a paediatric registrar up until a few years ago and I experienced burnout and ended up leaving medicine for a while. And during that time I developed a real passion for doctor's wellbeing and mental health in particular, and sort of have found myself growing that interest and have now become part of the Thrive Paediatrics team, which hopefully we'll get an opportunity to talk about a little bit later, but. I think my experience certainly within the well-being sphere, if you like, is that psychological safety is often misused as a term. It's often used in a kind of soft, fluffy way to mean creating these sorts of safe and brave spaces where people can kind of have a cup of tea and have a compassionate conversation with somebody. That's not what we mean by psychological safety. Psychological safety, like Dal said, it is difficult, and it is leaning into those difficult conversations. It is about being able to challenge the status quo. Yes, obviously we need spaces where people feel able to share their vulnerability, and that is one element of psychological safety, but it is so much more than that.

Jonathan Bamber

It's fascinating, and where we have particular phrases and they take on different connotations, and I guess my understanding of what you were talking about there is that we need to have that the reality behind the words of when there is an environment where we where we feel safe. Can you think of an example where there's been a space where I'm thinking about that power dynamic that you've worked with people who have enabled there to be a space for the potential for there to be a safe and thriving environment.

Jess Morgan

So I had a period of time off sick when I was burnt out. And as I returned to work, I had an absolutely amazing educational supervisor. Yes, hierarchically, she was my, my boss, but

actually, although that hierarchy is needed in medicine, the hierarchy didn't matter. She created a space, her door was always open, I could go and sit with her, and on many occasions I cried. But that was okay. She had created that space and she leant into the conversations. You know, she was actually facing something that she hadn't really experienced before, but that didn't faze her. She listened to what I needed and together we came up with a plan that worked for me. And it kept me in the workforce for a year.

What that did was it made me feel valued. It made me feel included, and like Dal said with Tim Clark's model, that then allowed me to learn, to feel like I was making a difference, to feel like I was able to challenge things, and I began to talk about well-being within my local region, I began to share my story, and that was challenging the status quo, and that was beginning to move things forward, and now, you know, I have the the privilege to be part of this role within the college. And I do believe that that stemmed from that psychologically safe space that I had when I had been unwell.

Natalie Wyatt

This would be a great segue, I think Jess, what you were saying, just to bring this topic round to thinking about the safety of our patients as well. I mean, obviously us, what we've touched on so far as either the, how important it is for us as individuals and us as colleagues and us in the relationships with the people we work with to feel psychologically safe. But we also know that that has a huge impact on the care that we deliver and the patients that we look after. I mean, there's been some over the last few years, some really interesting. bits of research done, a lot of it focusing on things like physician incivility and how that impairs decision making and outcomes from procedures and contributes to poor communication and poor information sharing. And we were wondering really from, from your experiences, how have you seen kind of trying to create and improve that culture of psychological safety, how that's impacted on your patients and how safe they are within the healthcare setting?

Jess Morgan

Yeah, I agree. That's a massive thing. And there is a lot of almost shame in medicine about saying, I don't know, or saying I am struggling or finding things difficult as though somehow doctors are heroes, you know, clap for heroes and things. Well, no, we are human fundamentally. And as humans, we make mistakes, we get tired, we need time off sick. And actually we need to create a culture where it's okay to say that.

Jonathan Bamber

It's very good point. I particularly liked earlier on there you were talking about the environment to be vulnerable. I know from a quality improvement perspective that when people are experts within their field that it becomes harder for you to admit ignorance. And I think it was reminding me of a comparison there in that you, sometimes you can have environments where it's difficult to admit vulnerability or difficult to open up because that's suggesting that you're not okay or you're not coping and, I think that sounds to me is a very important word there around having a space that you can be vulnerable.

Jess Morgan

So I think interestingly I come at it from the sort of doctor who was burning out point of view and I look back now at how close I could have come to making some seriously big errors and I was very very thankful that I didn't, my competence always remained, you know, very good, but I look back now and I think all of the compassion and empathy that I had had had been replaced with this bitterness and resentment and I was falling asleep at traffic lights and I wasn't sleeping at night. And how could I possibly with that in mind, provide the same level of high quality care for patients? There's no way I could, but on the face of it, I was, I was turning up to work and, you know, with a smile. And so I think it's really important that we think about how we have those conversations with our colleagues when that is happening, because yes, there is a risk to patients and I think sometimes we as colleagues maybe shy away from those conversations because they are difficult to have. But I was very fortunate that someone did say to me, look, I think we need to, you know, take a moment here and think how we can take a step back. You know, what do you need? What support can you get? But, in terms of direct patient contact, yes, you know, I ended up coming off on calls. Not so much because I couldn't do them, competency wise, but because I no longer had the headspace. I no longer could prioritise in the same way, and I was getting really anxious about that. So, I think I needed at that point, someone else to say to me: Hang on, Jess. Let's take a step back. It's okay to press pause. It's okay to prioritise yourself because in doing that you are prioritising patient safety.

Natalie Wyatt

Absolutely. I think you're maybe, I don't know whether you would agree, but maybe quite fortunate that you had that external support there to allow you to take that decision as well. That to say that that's okay and to let you take that step back. I'm not sure that is necessarily an experience that's reflected for trainees in all circumstances.

Jess Morgan

No, definitely. And I've got colleagues who have powered through probably similar circumstances to me and because they haven't felt the need, the ability to sort of speak out or to share their vulnerability in the same way. And, you do think under these circumstances, there are errors waiting to happen.

Natalie Wyatt

And I think it's one of those things that's really difficult to know, isn't it? It's very difficult to, to research and put together an evidence base of how much psychological feelings of not being safe does impact on patient safety? Um, everybody feels that there is that strong link there, but I think a lot of the evidence shows it's very difficult to prove causation. But I think it's one of those things that we, as you said it from your lived experience, you know that when you are not functioning in an environment when you feel safe, it's very hard to be delivering safe care and Dal, do you have any thoughts on this?

Dal Hothi

It's such a complex issue this and thank you Jess for sharing your thoughts on this. I think psychological safety almost gives us permission to bring back our humanity into healthcare. Otherwise we can see healthcare as a science and I think that's one of the problems about safety and quality improvement and science. It's all about trying to do the best, trying to be perfect, trying to advance things, it can feel quite scientific.

Psychological safety says we are human beings at our core, and we have basic human needs as human beings. And we are human beings operating in an area where we understand that making mistakes is a huge issue, and patients don't deserve this, but we are still human beings, and I think That's a really important acknowledgement that we have to make both as a professional group, but also as an industry. We have to embrace the humanity back in health care. Otherwise, we're going to run into problems. I think psychological safety also really helps to bring the context into safety. For example, a consultant mistakenly making a prescribing error for vancomycin might be perceived differently than a trainee making the same error. The safety event is the same, but the level of psychological safety around those two incidents may be very different. So I think it's really important that when we're talking about psychological safety, that we totally embrace, as Jess says, the vulnerability, the shaming, the need for perfection, the need for, you know, all of the systemic sort of expectations that are layered and layered and layered onto us as clinicians, and they're not easy. A psychologist and I at Great Ormond Street started to look at psychological safety and safety as a, as a duo, and started to almost build a framework where you are in situations where we're saying to people, we shouldn't

make any mistakes. But at the same time we're saying we're a learning organisation because we have trainees in our midst. So how can that be? Either we are saying we are learning and so mistakes will happen, or we're not learning. And so we embrace a harm free, you know, zero harm culture. But that's impossible if you're a learning organisation. We also have situations where outcomes are ambiguous. You have a surgeon takes a patient to theatre. And they say to families, I can't guarantee an outcome. But, when a mistake occurs, is it because the surgeon made a mistake, or is it because that was inevitable because of the situations that are at play, and a complication was inevitable, or the outcome that happened is the best it could have been? But we don't always perceive it like that, and so actually how psychologically safe does that surgeon feel when they're contributing to that theatre?

Natalie Wyatt

It'd be interesting also in that specific circumstance to think of, um, what the impact would be if we created an environment that was more psychologically safe for the patients in that context. If they were empowered to go through that ladder that you so eloquently described at the beginning, in terms of their decision making with that surgeon and going to theatre for that procedure, to understand about it, to feel included in the decision making and to challenge. You know, potentially then the outcome not being what they expected might not be quite so psychologically damaging if they were they were part of that journey as well.

Dal Hothi

I think that's a really valid point. Perhaps we should stop trying to be paternalistic with our patients and bring them into this conversation As equals and say we are both human beings and let's have these conversations from that human level. And so as a human being I apologise a mistake happened, but it wasn't intentional. I apologise the outcomes weren't as you had hoped. But that was inevitable. And there's sometimes situations when we can't deliver more. And I'm really sorry to say that. You know, it's a different kind of conversation when you're taking it from the lens of psychological safety.

Jonathan Bamber

As you were speaking, it's occurring to me that that separation of psychological safety as a mechanism for you to be managing risk and creating a safe environment is a fascinating way of framing it. So, um, there is a temptation with patient safety to assume that you're meaning zero harm, never events, et cetera, when in any environment there is

a risk decision on what the balance is there around safety and that you are, hospitals are inherently unsafe places and that you are taking risks, but they're appropriate in order to get the best outcomes for the children involved in care. If you have a psychologically safe environment, then in theory, you're going to be making better risk management decisions, better safety decisions in how you're working. And so to draw in the patient there as well, if they are part of that dynamic, that as you were saying, that it's not a one way thing that If they are feeling safe to contribute and challenge within that environment, then in theory that would make all of our decisions better.

Dal Hothi

I agree, Jonathan. I think we have come a long way by embracing psychological safety into safety. And the examples I would use is the transition from the blame culture to the just culture where we're bringing in all the elements of the all the people are involved in that event, so the just culture for me just really expands the people that one has to consider. Then I've got the systems approach to risk and safety. So Charles Vincent, who as we know is an expert on safety, talks about safety not being the absence of negative outcomes. He says they are inevitable in learning organisations such as hospitals. So safety is the presence of defences and capacity to defend. Now if we were to have conversations with families after a serious incident and say the purpose of this serious incident isn't a root cause analysis of what went wrong. But what, where are the absence of process and defences to make sure the same thing doesn't happen again? We might be having a different conversation with families and their understanding of what we're trying to investigate is different than a situation where actually as somebody from, you know, from Joe Public, we would think an investigation means that we're trying to find the cause of something. And why haven't you identified a cause? And you're just trying to hide behind all of this system thing, whereas actually I know there's one person to blame. So I think sometimes, we now need to bring into the conversations of our families how much our thinking has advanced in safety, and draw them into those conversations. And explain that we used to think about safety wrong and now there's a more advanced way of looking at safety that really incorporates the psychological safety as well.

Natalie Wyatt

It's a big challenge to do that though, isn't it? To reframe not only our colleague's way of looking at safety, which for many people is still that, that original model, but also to reframe the general public's perception. So I think there is a natural, possibly very media driven focus for looking for that one, one point of blame.

Dal Hothi

Absolutely, and Natalie, I know we've all made mistakes. I certainly recall the mistakes, they're more vivid in my memory than any achievements I've made in medicine. And sometimes, the challenge is overcoming my own demons in my own head. You know, and I think sometimes we need support for that as well. So yes, the families are going through a journey, but so are the clinicians going for their own separate journeys. And they all need support in that. And perhaps there's space for that shared understanding that we were talking about earlier. Are we able to have psychologically safe conversations when we talk about an adverse event occurred? An error occurred. I'm really sorry an error occurred. How do we phrase those conversations? Is it from a space of right and wrong, or is it from a space of psychological safety?

Natalie Wyatt

And for somebody listening to this podcast, who perhaps these concepts are new, or they knew about these concepts, but don't really know how to start applying it into their practice, whether that's just as an individual clinician working, or whether somebody who's looking to make a more kind of larger organisational change to the way in which we approach the harm prevention, as well as obviously the investigation of safety events. I mean, where would you start?

Dal Hothi

I always say, um, start with self first. And I think that's the biggest journey. As a college, as clinicians, we're really trying to embrace the reflective practice and I think use the reflective practice to just take a step back and try to be as objective as you can about your own behaviours, actions and responses. So was I truly adopting a learning mindset or was I punishing myself for a genuine mistake? Was I being open to other people's opinions or was I just being rigid to my own perspective and really dismissing somebody else? Was I really cognizant of the early warning signs or was I being too arrogant and just believing that I knew what was right or wrong? When should I have responded to my intuition and gut, but instead followed the status quo? When was I exerting my expertise over my patients? These are true questions we should be asking. These are the psychologically safe questions that will improve your psychological safe practice. And I think that's where I would start. I'd say start with self. And then there's lots of other things that need to be done within teams, within organisations, you know, within systems to really try to advance this.

Jess Morgan

Yeah, I would totally agree with what Dal says. Start with yourself. I think then there's something about role modelling. Once you've started with yourself, you are then able to explicitly role model what you have learned and teach others. Amy Edmondson talks really nicely about how this doesn't just happen by itself. You have to explicitly explain to people, create those spaces. Like Dal said, with the example after the ward round of asking people, have I created that safe space for you? Did you feel able to speak out? If you arrive at a resus, you know, introduce yourself, ask everyone who they are and say, you know, I want people to feel able to challenge me. You know, I am human. I might make a mistake. Please tell me if you think I am doing that and, and really be explicit in, in those actions.

Jonathan Bamber

I was thinking exactly the same thing and maybe that's a perfect segue to talk a little bit more about the Thrive program. Perhaps Jess, do you want to start off with telling us a little bit about how you got involved in Thrive and what it is?

Jess Morgan

Yeah, so like I said, sort of this comes from my own passion in doctors working lives and well being on a larger scale. And I really value the concept that both Dal and the sort of wider team, they are interested in my lived experience, and they value that contribution. And that in itself is creating psychological safety for me. So Thrive Paediatrics is basically a really exciting project with paediatrician well being and working lives at its heart. You know, we know and see and experience the unbelievable pressure that everybody is under at the moment. And as a community, we are doing our very best to survive during these very difficult times, but we deserve more than just survival. We deserve to thrive at work, to feel purpose and meaning and joy, to be hungry to learn. You know, fundamentally we matter. We matter as individuals, but we also matter as the paediatricians who are trying to provide this high quality, safe patient care. And so Thrive is about us as paediatricians, basically. And what we want to do is create communities of paediatricians that will come together, share stories and experiences and use that energy to activate change in this space. And to facilitate that, we have created a roadmap, uh, for transforming the working lives of doctors, which acknowledges that we are all on a different, at a different place in this journey. And the roadmap is divided into three separate areas, which represent some of the challenges that we are facing at the moment. So working lives is all things, rotas, um, job plans, induction, flexible working, then there's professional development, which is education, leadership opportunities,

career development, and then finally there's a section on well being and culture, so psychological safety explicitly comes into that section, but it's also about EDI and safe spaces to debrief after incidents, um, compassionate leadership. And so the statements within each of these sections of the roadmap provide a sort of overview of what good might look like. And as such, the roadmap facilitates people to either look at where they are now within their departments, within their organisations, within their regions. It provides a sense of direction for maybe where they want to be based on their stories and experiences, or it gives them opportunities to sort of see what signals are coming up as to what initiatives they might be able to take to improve their working lives. And for us, it's really important that these communities that we are creating are in themselves, psychologically safe spaces, because this is about people coming together, having a voice, being able to speak up. We want them to be inclusive. We want people to feel able to challenge the status quo, because this is fundamentally, and I'm sure Dal will agree with me. This is about taking a risk. It's about saying, do you know what? This isn't really working. I've heard your story. You know, you're doing something amazing. Let, let's see if it works for us and let's, let's have that experiment, but that requires fundamentally having that psychological safety embedded.

Jonathan Bamber

It's fascinating that there are so many different aspects of that roadmap, which logically would impact the safety within a workplace. You talked just before around that importance of role modelling, in practice, the characteristics of being psychologically safe. Is this something as part of the program that is, there's a, a, a mechanism to support people who may feel less comfortable with testing that in, in their own workplace? What's the approach that we should be taking to help support others to do that role modelling?

Jess Morgan

I think that's a really good question. So from a Thrive point of view, it is all about local areas using their local stories and experiences. And it's not about the college coming in and saying, do you know what, this is our priority for you. This is what we think you should be addressing. Because for a particular environment, a particular department or region, psychological safety might not be an issue for them. Um, and so it is about them identifying what is important to them. If psychological safety were something that they wanted to look at and work on, then yes, we would be able to provide them with resources. We would draw on the expertise within the region already, because I am pretty sure that there would be people who would have a wealth of experience that they would be able to show, share. It's just about connecting those people. We are going to be

developing, a pool of resources with webinars and podcasts, um, and other resources and psychological safety is certainly something I'm sure that we'll feature on there.

Dal Hothi

I think this is similar to what we're trying to say in Thrive, isn't it Jess? It's about small steps that collectively make a big difference and I think, of course, we also need leaders who are going to influence teams and organisations and systems with policies and training, etc, etc, but there's so much can be done, by the individuals that are actually active and practising in this, um, sphere of medicine.

Jonathan Bamber

Something that, a visualisation in my mind as you were talking is that point you were saying that if people are role modelling bad behaviour, then it lingers. But if people are role modelling good behaviour, then it may not linger as long, but it can still linger. And if we are role modelling, if enough of us are role modelling these practices, then it can, in theory, become catching. So my mind often, well, a lot of people's mind often go to, okay, where is it not working? And where can we stop that person doing bad practice? And what I'm hearing from both of you is that start with yourself, role model those behaviours, and that would build momentum.

Dal Hothi

And Jonathan, if role modelling feels too strong, because it almost suggests that we're going into that contribution safety, if it's just about learning, just lean in and just have a conversation. You know, I think sometimes that can be the other challenge. Um, again, we sometimes, as medics, want to jump in and become expert as quickly as possible. But let's, let's linger and swim around in the learner space as long as we can and stay there sometimes, because I think that is incredibly important. And just have a conversation.

Jonathan Bamber

Yeah, and in the spirit of embarrassing, so I heard Jess speak a few months ago and haven't had a chance to speak to you about this, and this is the first time we're properly meeting, I've probably told about 10 people about stuff that you were presenting on and I'm sure there are hundreds of people who are in the same boat who may not be

immediately feeding back to you going, you know I've told so and so and I think you should be mimicking that behaviour but it does stick and I'm not just saying that because we're on this podcast together that when people are, have got the right idea and are showing that actually there's a different way. We can be thinking and acting it, people pay attention to it.

Jess Morgan

Thanks, Jonathan, for saying that. That's really nice to hear. And I think actually a really important part of this is that as human beings, we do need positive reinforcement and sort of not validation, but almost validation. And so for you to say that helps me feel psychologically safe. It helps me feel like what I'm doing has made a difference. It's contribution safety and a really good demonstration, um, the, you know, this, this is important and that will help me go on and do it again. The ripple effect. It's all about the ripple effect. So I'm going to ask one thing of you guys, actually, I'm going to ask that you dare to be vulnerable and that, you know, we all go away from this conversation and we do have these kinds of conversations. Cause I am a firm believer that they do make a difference.

Jonathan Bamber

Not that I want this to sound trite, but there's, there's a, an extra step there that we can ask anyone who's listening to this podcast to do the same thing. And I will certainly go away from this discussion and reflect on what this means to how I should change my interactions or role model that, uh, um, psychologically safe interaction, that two way, uh, interaction.

Jess Morgan

Oh, thanks, Jonathan.

Dal Hothi

And we're not saying that infrastructure and processes aren't important and policy is not important. All those things are very important as well. But we have to start somewhere, so you need both. Um, and I think that's a problem sometimes. We wait for those structured processes and policies to come in. But we can kind of start anyway.

Natalie Wyatt

Wow, that's a great call to action for our listeners, Dal. Let's not wait for the organisation to change, let's start with ourselves. Um, it's been so fascinating discussing this with you both today and thank you so much for giving your time. It's such an important topic if we can all take steps to reflect on our own practice and to help build a psychologically safe working environment, there are huge potential benefits not only to ourselves but more importantly to the safety of the children and young people that we care for.

Jonathan Bamber

I couldn't agree more. I hope we've inspired you as a listener to think more about your own psychological safety and that of the team you work in. For more information about psychological safety and about paediatric patient safety in general, please visit the RCPCH patient safety portal, which is a brand-new online resource full of resources, safety alerts, and more.

You can find links for this and for the research and projects that we've been discussing in this episode within the notes for this podcast. Thank you so much for listening.