ECHO IDAHO:
Healthcare Vitality

Enhancing Trust: Optimizing High-Functioning Interdisciplinary Teams
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Disclosures

- No relevant financial disclosures

Learning Objectives

1. Describe ways in which interprofessional teams can benefit wellbeing

2. State the relationship between psychological safety, wellbeing, and team functioning

3. List three attributes common to psychologically safe leaders

4. State five leader behaviors that cultivate team psychological safety and wellbeing

5. Create a personalized action plan to enhance the wellbeing of your interprofessional teams

Opening Reflection

1. Reflect upon an enriching interprofessional partnership or interaction you have experienced

2. *Consider: What about this interaction made it enriching?*

3. Please share your reflection in the chat

Goal: Create & maintain high functioning interprofessional teams

- Support well-being

- Prevent burnout

- Improve patient care

Challenges to high-functioning interprofessional (IP) Teams

System/Organization	Inter-Individual
▪ Lack of time and skilled professionals ▪ Increased workload ▪ Lack of IP training ▪ Financial barriers ▪ Employee/schedule churn (turnover) ▪ Resignations, shortages, locums	▪ Lack of roles/responsibilities clarity ▪ Desire to protect territory ▪ Different culture/ideology ▪ Imbalance of power due to hierarchies

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Evidence suggests IP teams are beneficial to healthcare professional wellbeing

IP TEAMS DECREASE WORKLOAD

IP TEAMS ALLOW BETTER USE OF ONE'S SKILLSET

ENHANCE SHARED KNOWLEDGE OF AND INVESTMENT IN THE PATIENT

SHARING CLINICAL CARE AMONG A HIGH-FUNCTIONING IP TEAM IMPROVES PROFESSIONAL SATISFACTION

Slide adapted from Susan J. Corbridge

Healthcare professional mistreatment is a threat to wellbeing

- Survey of healthcare professionals in the United States to examine occurrence of mistreatment and discrimination by patients, families, and visitors

- In the last year . . .
  - 29% subjected to racially or ethically offensive remarks
  - 25% subjected to sexist remarks
  - 21% subjected to unwanted sexual advances
  - 22% experienced refusal to care due to personal attributes
  - 15% reported physical harm

Dyrbye L, et al.

Healthcare professional mistreatment increases burnout

The odds of burnout increases as one experiences more mistreatment and discrimination

Exposure-response association found

Female and racial and ethnic minorities more likely to experience more frequent mistreatment

Mistreatment and Discrimination Score	Burnout Odds Ratio (95% CI)
0	1 (Reference)
1	1.27 (1.04 - 1.55)
2	1.70 (1.38 - 2.08)
≥ 3	2.2 (1.89 - 2.57)

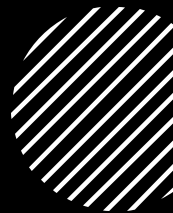Dyrbye L, et al.

Active Learning

In what ways do you think IP teams can protect each other from mistreatment and discrimination by patients, their families, and visitors?

Please brainstorm in the chat

Psychological safety is protective against burnout in health professionals

TABLE 3: Generalized structural equation model path coefficients (N = 239)		
Path	Path coefficients (unstandardized)*	OR
Psychological safety ➔ Feeling heard ➔ Burnout	−0.55	0.58
Psychological safety ➔ Feeling heard ➔ Worsening burnout	−0.37	0.69
Psychological safety ➔ Feeling heard ➔ Process adaptation	0.99	2.68
*p < .05.		

1-unit increase in PS associated with a 42% reduction in perceived burnout

1-unit increase in PS associated with a 31% reduction in worsening burnout
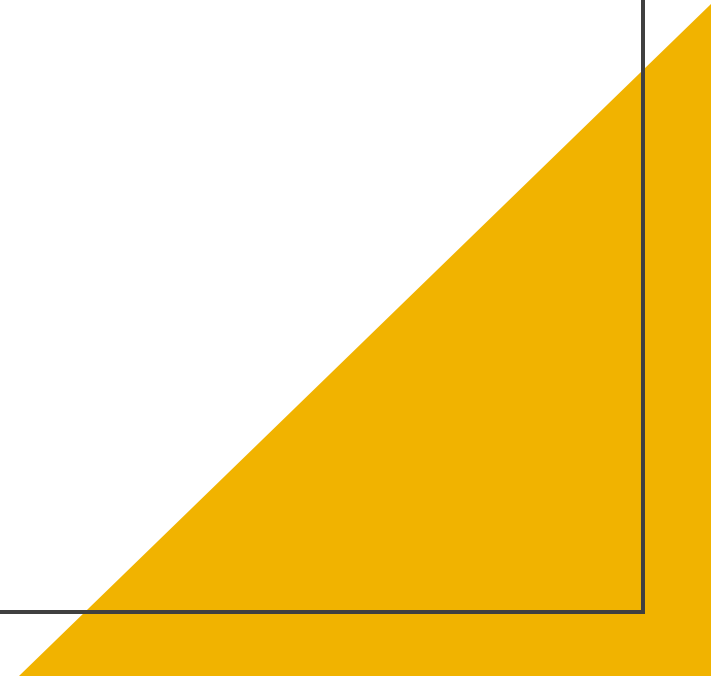
1-unit increase in PS associated with a 2.68 times greater odds of process adaptation

Kerrissey, et al

WHAT DO YOU THINK IS THE MOST IMPORTANT TRAIT OF HIGH-PERFORMING HEALTHCARE TEAMS?
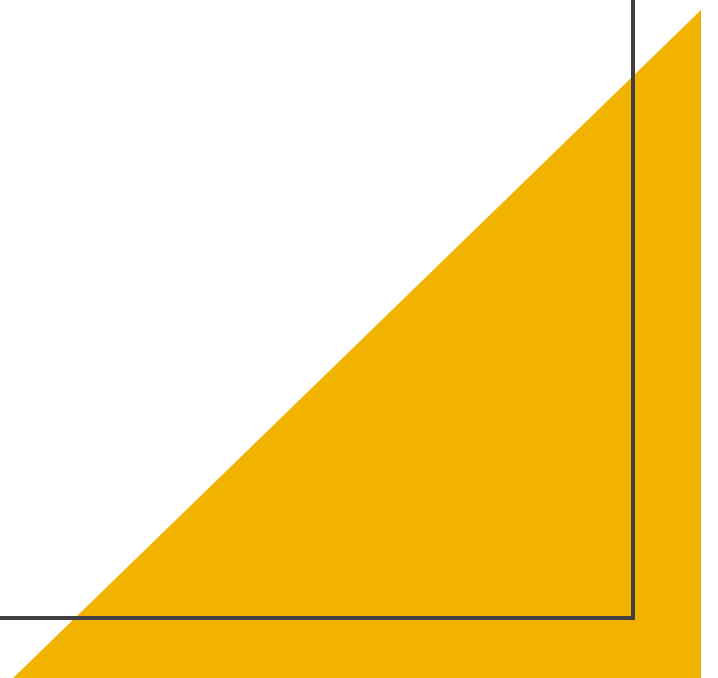
Psychological safety

Edmondson

Psychological safety describes the extent to which people feel **comfortable taking interpersonal risks and speaking up**

Edmondson

Psychological safety can be misunderstood

Psychological safety is

- Expressing ideas and concern

- Speaking up with questions

- Admitting mistakes

- Working toward common goal in volatile, uncertain, complex, ambiguous situations

- **Without fear of negative consequences**

Edmondson

Psychological safety can be misunderstood

Psychological safety is	Psychological safety is NOT
• Expressing ideas and concern	• Always agreeing
• Speaking up with questions	• Being perpetually friendly
• Admitting mistakes	• Behaving with incivility
• Working toward common goal in volatile, uncertain, complex, ambiguous situations	• Lacking performance
• **Without fear of negative consequences**	• Lacking accountability standards

Edmondson

Active Learning

Brainstorm two members of the healthcare team that may feel psychologically **UNSAFE.** Why might they feel that way?

Psychological safety enhances patient care

Enhances patient safety

Creates setting where teams can learn from errors

Increases willingness of providers to follow established practices

ICUs with high PS have increased adherence to catheter-associated urinary tract infection and ventilator-associated pneumonia risk reduction practices

More likely to report near-miss incidents

Greene, et al; Kumar; Murray

Psychological safety enhances patient care
and healthcare professional wellbeing

Healthcare professional benefits from psychological safety

Increased reporting

Increased satisfaction

Decreased stress

Increased engagement

Greene, et al; Kumar; Murray

Active Learning

How can you cultivate psychological safety in your healthcare teams?

Those who build psychologically safe environments demonstrate the three Is

Integrity

Inclusiveness

In sight (familiarity and visibility)

Fundamental attribute to psychologically safe leaders #1 is behavioral integrity

- Aligning stated values with leadership behaviors that support those values

- Moral distress occurs when there is misalignment between espoused & revealed values

Espoused Values *what we say*	Artifacts *our behavior*	Revealed Values
High quality care is our top priority	A delivery system that drives fatigue and burnout which erode quality of care Focus on volume/net operative income	Economic priorities are more important than quality
We value patient autonomy, shared decision making, and tailoring care to individual needs	Visit lengths and limited staff support preclude shared decision making and tailoring care to individual patient needs	Economic priorities are more important than patient agency
We believe in social justice and fair distribution of resources for our patients and communities	Organizational tactics that tailor access to optimize payer mix and care for highly reimbursed medical conditions rather than patient need	Economic priorities are more important than social justice assumptions

Fundamental attribute to psychologically safe leaders #2 is inclusivity

- "Words and deeds … that invite and appreciate other's contribution"

- Allows IP teams to overcome the effect of different experiences

- Enhances teamwork perfections

- Associated behaviors
  - Acknowledging views of other team members
  - Inviting participation to gain additional perspectives

Fundamental attribute to psychologically safe leaders #3 is being in sight

- Visibility matters

- Approachable

- Communicative

- Familiarity increases trust between team members and leader

- Fosters transparency

There are evidence-informed strategies for leaders to cultivate psychological safety

Teamwork and simulation-based training (TeamSTEPPS)

Debriefing (leaders who make negatively evaluative statements early in the debrief create less psychological safety)

Video-based interventions

Leaders encouraging team members to speak up

Video vignettes with clinical scenarios followed by training

There are behaviors to help leaders support psychological safety

Acknowledge when team members are doing things correctly

Reframe mistakes as opportunities

Describe elements of success

Share your vision

Set expectations

Practice behavioral integrity

Be visible

Appreciate efforts of your team members

Demonstrate genuine interest

Practice thoughtful inquiry

Call out behaviors that do not support psychological safety

There are phrases you can use to create psychological safety in healthcare teams

| Method	Phrases to Create Psychological Safety
Inviting input from all team members	"Let's go around and hear everyone's reaction." "Maybe someone has a different perspective. I'd really like to hear some other views."
Eliminating hierarchies	"Let's call each other by our first names. That might help everyone to feel free to speak their mind."
Encouraging team members to contribute	"What a great observation! I never noticed that. Let's think as a team about how we can solve this problem."
Acknowledging the limits of their own knowledge	"I'm not sure I've done this right. Can someone check me?"
Celebrating failures, providing positive reinforcement for innovations even though they don't always work	"We're not here to find fault. We're here to see how we can do better next time." "Thanks for pointing out my mistake. You just saved me from a big blunder."
Promoting active listening and learning from each other	"That's a great point. I think the whole team needs to hear that. Can you bring it up at our huddle tomorrow morning?"

AHRQ

Action Plan

- Please list three implementable activities you can agree to incorporate into your workplace to enhance team psychological safety and/or wellbeing.

Key Takeaways

- High functioning IP teams can enhance patient care and professional wellbeing

- Psychological safety enhances patient care and healthcare professional wellbeing

- Leaders who build psychologically safe teams demonstrate integrity, inclusiveness, and are in sight

- Leaders can cultivate team psychological safety through various activities and behaviors

YOU CAN BE THE KEY TO TEAM PERFORMANCE, PSYCHOLOGICAL SAFETY, AND WELLBEING
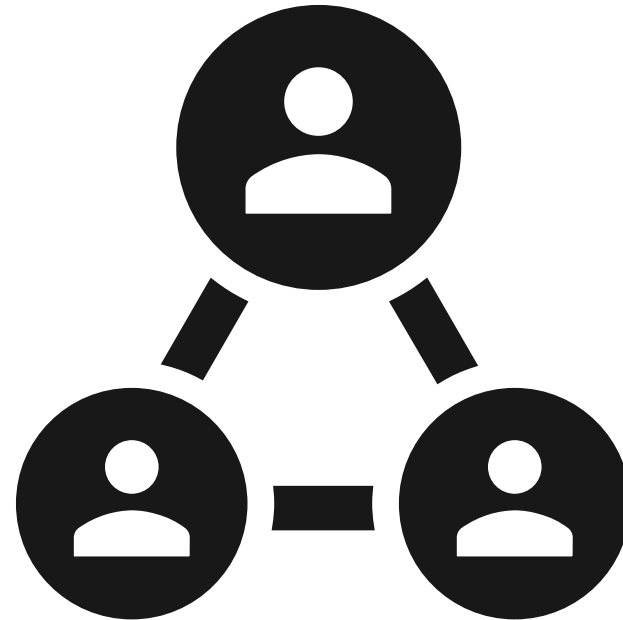
References

- Alilyyani B, Wong CA, Cummings G. Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. Int J Nurs Stud. 2018;83:34-64. doi:10.1016/j.ijnurstu.2018.04.001

- Aranzamendez G, James D, Toms R. Finding Antecedents of Psychological Safety: A Step Toward Quality Improvement. Nurs Forum. 2015;50(3):171-178. doi:10.1111/nuf.12084

- Creating Psychological Safety in Teams: Handout. Content last reviewed November 2018. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/evidencenow/tools/psychological-safety.html

- Dyrbye LN, Major-Elechi B, Hays JT, Fraser CH, Buskirk SJ, West CP. Physicians' Ratings of their Supervisor's Leadership Behaviors and Their Subsequent Burnout and Satisfaction: A Longitudinal Study. Mayo Clin Proc. 2021;96(10):2598-2605. doi:10.1016/j.mayocp.2021.01.035

- Edmondson, Amy C. The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth. Hoboken, NJ: John Wiley & Sons, 2018

- Kerrissey MJ, Hayirli TC, Bhanja A, Stark N, Hardy J, Peabody CR. How psychological safety and feeling heard relate to burnout and adaptation amid uncertainty. Health Care Manage Rev. 2022;47(4):308-316. doi:10.1097/HMR.0000000000000338

References

- Kumar S. Psychological Safety: What It Is, Why Teams Need It, and How to Make It Flourish. Chest. 2024;165(4):942-949. doi:10.1016/j.chest.2023.11.016

- Johnson HL, Kimsey D. Patient safety: break the silence. AORN J. 2012;95(5):591-601.

- Murray JS, Kelly S, Hanover C. Promoting Psychological Safety in Healthcare Organizations. Mil Med. 2022;187(7-8):808-810. doi:10.1093/milmed/usac041

- O'Donovan R, Mcauliffe E. A systematic review of factors that enable psychological safety in healthcare teams. Int J Qual Health Care. 2020;32(4):240-250. doi:10.1093/intqhc/mzaa025

- Sayre MM, McNeese-Smith D, Leach LS, Phillips LR. An educational intervention to increase "speaking-up" behaviors in nurses and improve patient safety. J Nurs Care Qual. 2012;27(2):154-160.

- Silva JAM, Mininel VA, Fernandes Agreli H, Peduzzi M, Harrison R, Xyrichis A. Collective leadership to improve professional practice, healthcare outcomes and staff well-being. Cochrane Database Syst Rev. 2022;10(10):CD013850. Published 2022 Oct 10. doi:10.1002/14651858.CD013850.pub2

- Wawersik DM, Boutin ER Jr, Gore T, Palaganas JC. Individual Characteristics That Promote or Prevent Psychological Safety and Error Reporting in Healthcare: A Systematic Review. J Healthc Leadersh. 2023;15:59-70. Published 2023 Apr 17. doi:10.2147/JHL.S369242