

# OPTIMIZING THE TEACHING AND LEARNING ENVIRONMENT BY CREATING PSYCHOLOGICAL SAFETY

## A Guide for Faculty

### What is psychological safety?

A psychologically safe learning environment is one where learners and teachers feel comfortable asking questions, taking risks, making mistakes, and asking for help. In an environment that strives for psychological safety, learners feel respected, and that their efforts and skills are valued.<sup>1</sup> When psychological safety exists, learners do not fear that others will think less of them for admitting they do not understand something. Nor do they believe that if they make a mistake, offer a different point of view, or ask for help, others will react negatively (i.e. subject them to punitive behaviours, embarrassment, humiliation, be shamed, ridiculed, or have ideas picked apart).<sup>2</sup>

We all have different sensitivities to what we perceive as psychologically threatening. This can be a feeling that there has been an attack on our: (a) self-esteem; (b) sense of belonging; (c) freedom; (d) sense of fairness; and/or (e) certainty of something.<sup>3</sup>

### Why is it important?

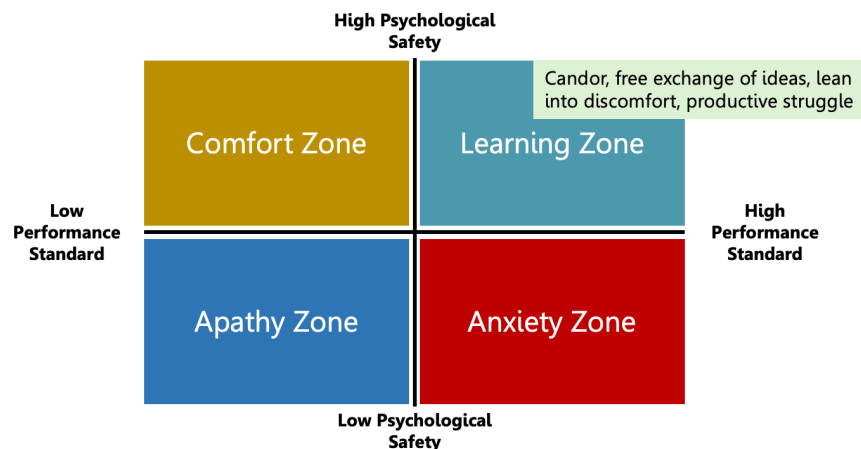
**A supportive and safe environment MUST be created to allow students to feel comfortable participating.** How psychologically safe a person feels affects how and to what extent they engage in learning behaviours such as information sharing, asking for help or taking risks by experimenting. If the learning environment is set up such that it creates anxiety and fear, it will inhibit learning and cooperation: "Fear consumes psychological resources, diverting them from parts of the brain that manage working memory and processing information. This impairs analytical thinking, creation of insight and problem solving".<sup>2</sup> Leaders and teachers, more often than not, fail to recognize that this type of fear exists in learning environments. Around 40% of undergraduate and postgraduate learners report that they have experienced discrimination or harassment at least once in the prior academic year.<sup>4</sup>

**OUR COLLECTIVE GOAL IS TO CREATE LEARNING-CENTERED ENVIRONMENTS WHERE MEDICAL LEARNERS CAN EFFECTIVELY LEARN. WE MUST WORK TOGETHER AS TEACHERS AND LEARNERS TO CREATE, MAINTAIN, AND REGAIN PSYCHOLOGICALLY SAFE ENVIRONMENTS.**

### What a psychologically safe teaching and learning environment is NOT

Creating psychological safety does not mean that people *always* need to agree with one another or feel comfortable. It is not one where standards and deadlines are not prioritized. It is about allowing and promoting candor, making it possible for productive disagreement and free exchange of ideas, without compromising the rights and safety of others. Learning from different points of view is vital to learning and innovation. Psychological safety and high-performance standard are needed to create high performing learning environments, as illustrated in the table below<sup>2</sup>.

**Table 1: Impact of Psychological Safety and Performance Standards<sup>2</sup>**



## How do we create psychological safety in our teaching and learning environment?

Amy Edmondson<sup>2</sup> offers three key components that should be in a leader and teacher's toolbox for building psychological safety (check off the tools that you can use in your current context):

1. **Setting the stage** – *this creates shared expectations and meaning*
  - a. **Frame the work:**  
*Set expectations* including:
    - how people can participate and ask questions
    - normalize failure, getting answers wrong, uncertainty or not understanding the material
    - leaning into discomfort (i.e., it's ok to do this - perhaps give an example so as to not encourage learners lean into feeling unsafe)
    - encourage interdependence and collaboration of the group
  - b. **Emphasize Purpose:** Emphasize what is at stake, why learning matters, and for whom.
2. **Inviting Participation** – *this builds confidence among the group that their voice will be heard*
  - a. **Demonstrate situational humility:** Acknowledge your own gaps and model how you deal with situations when you are uncertain of the answer. (i.e., "That's a good question. I don't know the answer, but I think I know where to find it. Let's look it up together.")
  - b. **Practice inquiry:** This can be done by asking good questions and modelling active listening. See Appendix A for examples of good questions.
  - c. **Set up structures and processes:** Create various forums for input whether teaching online or in person and provide guidelines for discussion. Individuals have different approaches to learning in small group interactive fast paced learning spaces. Some individuals "talk to think" (more extroverted) and maybe more comfortable in this context. Others "think to talk" (more introverted) and may be more anxious and may be mistakenly interpreted as lacking motivation or interest.<sup>5</sup> Teachers may need to become more comfortable with silence and slow the pace to allow for reflection and dialogue.<sup>6</sup>
3. **Responding Productively** – *set the orientation toward continuous learning*
  - a. **Express appreciation:** Acknowledge and thank members for their input and actively listen to their ideas. Remember to role model this when working in the clinical learning environment. You are always being observed by your learners.
  - b. **Destigmatize failure:** Acknowledge what we learn from situations of failure; offer help during or after the teaching session; discuss, consider, and brainstorm next steps. Consider Appendix B which compares the traditional failure frame and a destigmatizing reframe as you set up and maintain your teaching and learning environment.

## How does this relate to medical education?

A recent study asked medical learners what helps to establish and destroy psychologically safe learning environments.<sup>7</sup> Third year medical learners reported the following:

**Enablers:** clear expectations, self-efficacy, team engagement, autonomy, and frequent feedback

**Barriers:** educator disinterest in students, dismissal of questions, lack of autonomy, and unclear expectations

Most students were unable to describe a time psychological safety was restored if lost. Early impressions of individual learning environments and establishment as "safe" or "unsafe" were durable and rarely changed. Behaviors such as acknowledging and apologizing for team member misbehavior were among the few that did improve the learning experience once safety was lost.

### References

1. Edmondson A. (1999) *Psychological Safety and Learning Behaviour in Work Teams*.
2. Edmondson A. (2019). *The fearless organization*. John Wiley and Sons Inc. Hoboken, New Jersey
3. Radecki D, Hull M, Hull L. (2021) Psychological Safety: The key to happy, high-performing people and teams. Academy of Brain-based Leadership.
4. *Voice of learner Survey Temerty Faculty of Medicine, University of Toronto.*
5. de Jongh R, de la Croix A. *12 tips to hear voices of introverts and extroverts in medical education to improve the learning climate for everyone.*
6. Wear D, Zarcini J, et al. *Slow Medical Education*. Acad Med 2015;90:289-93.
7. McClintock AH, Fainstad TL, Jauregui J. *Creating Psychological Safety in the Learning Environment: Straightforward Answers to a Longstanding Challenge*. Acad Med 2021;96(11S):S208-9.

**Developed by:** Jana Lazor and Susanna Talarico. Office of Faculty Development, Temerty Faculty of Medicine.

**This document was reviewed and contributed by:** Nirit Bernhard, Robert Goldberg, Jonathan Hersh, Lindsay Herzog, Justin Lam, Meeta Patel.

## APPENDIX A: Attributes of a Powerful Question<sup>2</sup>

1. Generates curiosity in the listener
  - a. Have you ever wondered why?
  - b. What if ...?
2. Stimulates reflective conversations
  - a. What about? Why? How?
3. How would one feel, think, and then act if this happened?
4. Is thought provoking
  - a. To what extent is this true? When might this not apply and why?
5. Uncovers underlying assumptions
  - a. What assumption are we making here and is this true or not?
6. Invites creativity and new possibilities.
  - a. What if ...?
  - b. How can we do this differently?
7. Generates energy and forward movement
  - a. If you could redesign ....?
8. Channels attention and focuses inquiry
  - a. This is an important point that x made. Can we pause and build on this?
9. Stays with participants
10. Evokes an emotional reaction
  - a. What if this patient was a member of your family?
11. Leads to more questions

## APPENDIX B: Destigmatizing Failure for Psychological Safety<sup>2</sup>

	<b>Traditional Frame</b>	<b>Destigmatizing Reframe</b>
<b>Concept of Failure</b>	Failure is not acceptable	Failure is a natural by-product of experimentation
<b>Belief about effective performance</b>	Effective performers don't fail	Effective performers produce, learn from, and share the lessons from intelligent failures
<b>The Goal</b>	Prevent failure	Promotes fast learning
<b>The Frame's Impact</b>	People hide failures to protect themselves	Open discussion, fast learning and innovation