CCPH 2019

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CHANGING TIDES:
SHIFTING CULTURES AND CREATING SAFE SPACES

Striving Toward Psychological Safety
Faculty: Andrew Clarke, MD MEd DOHS

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Potential for conflict(s) of interest:
None.
Objectives

Participants will be able to describe:
1. Different approaches to defining psychological safety
2. The potential consequences of using these definitions
3. The policy implications of these consequences
Background
What’s happening in BC…

- 2014 Collective agreement with BC Nurses Union
- Obliges the BC Government to implement the **CSA Standard** in all health care workplaces
Psychological health and safety in the workplace —
Prevention, promotion, and guidance to staged implementation

Disponible en français
Santé et sécurité psychologiques en milieu de travail — Prévention, promotion et lignes directrices pour une mise en œuvre par étapes
Psychologically healthy & safe workplace

...one that actively works to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways, and promotes psychological well-being.

Canadian Standards Association Group. *Psychological health and safety in the workplace – Prevention, promotion, and guidance to staged implementation.* (Canadian Standards Association, 2013).
Psychological Safety

…the degree to which people view the environment as conducive to interpersonally risky behaviors like speaking up or asking for help.


https://www.hbs.edu/faculty/Pages/profile.aspx?facId=6451
Two definitions of safety

**CSA Standard**
actively working to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways

**Amy Edmondson**
the degree to which people view the environment as conducive to interpersonally risky behaviors like speaking up or asking for help

**SAFETY I**

**SAFETY II**
Erik Hollnagel

http://www.erikhollnagel.com

Erik Hollnagel
Ph.D., Professor, Professor Emeritus

The chief motive of all human actions is the desire to avoid anxiety.
Ibn Hazm (994-1064)

CONTACT

If you are interested in finding out more about the FRAM, RAG, Resilience Engineering, Safety-I & Safety-II, Synesis or safety management in general, you are welcome to contact me for the following services:

- Management and Board level introductions and tutorials.
- Company/industry specific training courses (introductory to advanced) on FRAM, Resilience Engineering, safety thinking (Safety-I and Safety-II), the Resilience Assessment Grid (RAG), and safety practices, as well as other topics (see below).
- Tailor-made consulting and expert advice on resilience engineering, safety management, functional modelling, and safety synthesis.
- Targeted investigations and analyses (accidents, risks, resilience, design, Safety-II in practice).
- Project collaboration. Please inquire about details.

I have many years of international experience in giving keynotes / lectures / tutorials, management workshops/consulting and expert advice to industry and public institutions.
Essence of the Distinction

Safety I

Safety II

Figure 7.4

Understanding what goes wrong by understanding what goes right

So what?

Why does this distinction matter to physicians?
4.3.4 Identification, assessment, and control

4.3.4.1 The organization shall develop, implement, and maintain a documented risk mitigation process that includes
a) hazard identification;
b) elimination of those hazards that can be eliminated;
c) assessment for level of risk for hazards that cannot be eliminated;
d) preventive and protective measures used to eliminate identified hazards and control risks; and
e) a priority process reflecting the size, nature, and complexity of the hazard and risk, and, where possible, respecting the traditional hierarchy of risk control.

Notes:
1) The hierarchy of risk control can involve the following:
a) elimination of the hazard;
b) control the risk or control access to the hazards;
c) substitution of the hazard with something less hazardous;
d) making changes to how the work is organized and done;
e) modifying procedures and practices;
f) administrative/training;
g) protective equipment; and
h) emergency response plans.
2) The documentation can be scaled to the size, nature, and complexity of the organization.

Doctors of BC members report that when they speak out, or ask for help, they are labeled as psychological hazards.

Canadian Standards Association Group. Psychological health and safety in the workplace – Prevention, promotion, and guidance to staged implementation. (Canadian Standards Association, 2013).
Safety II prediction

Emergence

Complex Adaptive Behaviour

Simple Self-Organized Local Relationships

Positive Feedback (Amplifying)

Negative Feedback (Dampening)

Changing External Environment

SAFETY I APPROACH

UNINTENDED RESULTS
Promoting Psychological Safety for Physicians

Last updated: June 2017

Doctors of BC Position

Doctors of BC commits to working with the BC Ministry of Health, health authorities, and other stakeholders to implement policies and practices that promote psychological safety for physicians and all health care providers.

To promote psychological safety, Doctors of BC makes recommendations and commitments in four areas:

Supporting Advocacy by Physicians

- Doctors of BC commits to continuing to support educational opportunities aimed at developing the skills of physicians to effectively advocate, both for individual patients and for system change.

The current crisis of clinician burnout is a complex problem. As rates of burnout (the workplace syndrome consisting of emotional exhaustion, depersonalisation and loss of meaning) reach disturbing levels among clinicians, we continue to struggle to understand how to address workplace suffering.

An underexamined area of burnout is how the increasing complexity of healthcare, combined with our tentative recognition of the systemic factors in safety, may contribute to the rising levels of clinician burnout. The ongoing dominance of Safety-I logic in an increasingly complex healthcare system may perpetuate a view of frontline work that does not reflect current realities and overlooks the challenges exhausting contemporary clinicians.

Given these concerns and circumstances, we should consider whether such a paradigm shift could help us better understand and address clinician burnout.
Thank you!

Questions / Comments?

andrew@physicianhealth.com

Heaven is a place where nothing ever happens.

-Talking Heads