Understanding Psychological Safety

Psychological Safety

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Part 1 · What it looks like

Hallmarks of a psychologically safe team

Speak Up Without Fear

Team members feel safe expressing concerns, asking questions, and admitting mistakes

- People regularly ask for help or clarification
- Mistakes are discussed openly for learning
- Concerns about patient care are voiced freely
- Questions don't feel 'stupid' to ask

Diverse Perspectives Valued

Different viewpoints are welcomed and considered in decisions

- All team members contribute in meetings
- Disagreements are productive, not personal
- Minority opinions are explored, not dismissed
- Cultural differences are respected and valued

Experimentation Encouraged

Innovation and trying new approaches is supported

- Failed experiments are treated as learning
- New ideas are tested, not automatically rejected
- Creativity in treatment is celebrated
- Evidence-based changes are implemented quickly

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Part 2 · Building safety

Three practices that move the needle

- 1

Model Vulnerability

Leaders and senior staff admit their own mistakes and uncertainties

- Share your learning moments openly
- Ask questions even when you 'should' know
- Acknowledge when you need help
- Talk about your professional growth areas
- 2

Respond to Voice

Show appreciation when people speak up, regardless of the message

- Thank people for raising concerns
- Follow up on suggestions with action or explanation
- Avoid defensiveness when challenged
- Recognize courage in difficult conversations
- 3

Frame Work as Learning

Emphasize growth and adaptation over perfection

- Use 'experiments' instead of 'new policies'
- Celebrate learning from mistakes publicly
- Ask 'What did we learn?' before 'Who's responsible?'
- Share research on learning cultures

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Part 3 · Warning signs

Patterns that signal low safety

- People stay silent in meetings, only speaking one-on-one later
- Mistakes are hidden or blamed on others
- New ideas are immediately shot down
- Staff avoid asking for help or clarification
- Gossip and side conversations replace direct dialogue
- High staff turnover, especially in first 6 months
- Patient safety events go unreported

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