

Establishing Psychological Safety within the Hidden Curriculum in Medical Education

Tiffany Clementson Department of Microbiology, Immunology, and Pharmacology, St. George's University.

ABSTRACT

Psychological Safety within the hidden curriculum in medical education is an important and essential piece of the learning environment puzzle. The purpose of this paper is to outline the process of establishing this psychological safety among students as they encounter teachings of the hidden curriculum. Students rely on the skills that they gain through the hidden curriculum, and educators have the means to create a space that is safe for students to share their opinions and give contributions without the fear of embarrassment or ridicule. Educators can establish and reinforce this psychological safety by establishing ground rules for the team and building the foundation of good team dynamics, inviting participation from students and being able to provide productive feedback to their students. The implementation and enforcement of policies and policy-enforcing committees can be established to ensure that educators are accountable for any barriers that may disrupt that psychological safety.

Keywords: psychological safety, medical education, hidden curriculum

ESTABLISHING PSYCHOLOGICAL SAFETY WITHIN THE HIDDEN CURRICULUM IN MEDICAL EDUCATION

The skills needed for students to become successful and well-rounded health professionals are deep-seated in the teachings of both the written, formal curriculum and through unwritten teachings of the hidden curriculum. This hidden curriculum in medicine encompasses the informal training that students encounter primarily through observations of norms and behaviors in the clinical setting. Learners are therefore expected to increase their learning by continuously building on prior information, being guided by their supervisors, and taking cues from them (Torralba et al., 2020). This, therefore, increases efficiency and empathy in these learners as they blossom into their careers, thereby increasing safer decision-making processes as it relates to patient care and enhances patient care in the long term.

PSYCHOLOGICAL SAFETY AND THE HIDDEN CURRICULUM

Psychological safety within the hidden curriculum in medical education is the view

that a clinical learning environment is one that is deemed safe for the sharing of one's opinions, expressing one's viewpoint and having healthy discussion without the prospect of embarrassment or ridicule. These two concepts go together in that the positive impact of the hidden curriculum depends on the psychological safety experienced by students.

Psychological safety can significantly impact how students view their entire learning experience. Psychological safety has been shown to have strong associations with how residents viewed their learning experiences from clinical and firsthand experiences (Torralba et al., 2016). This can have a snowball effect on resident competency in providing a better quality of healthcare, fostering a sense of professionalism and accountability in trainees (Torralba et al., 2016). For this reason, it is pertinent that students feel safe in the learning environment as they are acquiring skills through the hidden curriculum, as this would be the best time for the most appropriate skills to be honed.

The ability to feel safe to express oneself in a learning environment can foster creativity and critical thinking among students, which can result in enhanced patient care and team performance (Lateef, 2021). If a learner feels safe enough to express their opinion, then they would be more inclined to use every opportunity provided to them to learn from clinical faculty through the hidden curriculum by observing day-to-day interactions between these experienced professionals and their patients. However, this can be affected by the hierarchy of training in medicine, especially in the clinical setting. This can present in cases where there is an incident in which the students would want to speak up or offer an opinion or ask a question, if there is little or no psychological safety, then this can result in impaired learning, increased time to ask for help in the management of patients and ultimately, poor patient outcomes (Torralba et al., 2020). Because of this vulnerability of students in cases where there is a need for learning through the hidden curriculum, it is imperative that medical educators can be the right role models for their students intellectually and behaviorally since the students will adopt the same norms and values through the hidden curriculum.

There are several stages of psychological safety that involve learners feeling included, having a safe learning environment where they can ask questions to clarify concepts without being undermined, contributory safety which enables learners to feel safe to contribute regardless of their position in the hierarchy and lastly challenger safety, in which a learner should feel safe giving an opinion even if it goes against the norm or status quo (Lateef, 2021).

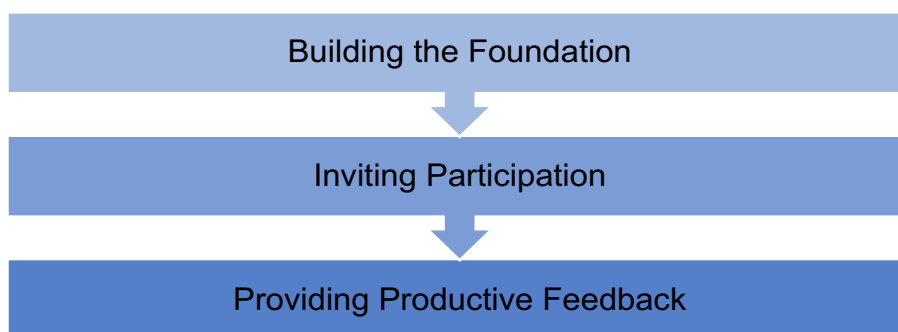
Because there are multiple levels to psychological safety in the clinical setting, it is justifiable that there would be several facilitators and barriers to establishing psychological safety within the hidden curriculum in medical education. The establishment of psychological safety in the hidden curriculum in medicine for learners lies with that of good leadership. Senior physicians and healthcare professionals are the ones that the students interact with

the most, and as such, their adaptation of cues and skills will rely heavily on what they observe from these educators.

CREATING PSYCHOLOGICAL SAFETY IN MEDICAL EDUCATION

To create psychological safety in medicine, leaders can follow simple steps to ensure that this is being conveyed to their students. This involves building the foundation, inviting participation, and lastly providing productive feedback (McClintock et al., 2021), as presented in Figure 1. The first step should involve building the foundation for psychological safety. This can be done by the leader stating the principles or expectations to the students, identifying the roles of the members of the team, and emphasizing the purpose of the teaching experience. This can help the students link the tasks back to their learning objectives and personal learning goals, which can keep them motivated and enthusiastic. In turn, this will also allow for the leader to be inclusive of all the members so that every member of the team can have a sense of familiarity, which will foster a good sense of psychological safety for individual members of the team.

Figure 1



Flowchart showing the steps to establishing psychological safety in the hidden curriculum in medical education.

The second step that the leader can take to establish psychological safety in medicine would be to invite participation from the individual members of the team. This can be done in varying ways tailored to the leader's preferred teaching style and personality. The leader should facilitate an open culture, thus creating a non-judgmental atmosphere for students. A good way to incorporate this open culture would be for the senior of the group to apply a team-based approach and encourage everyone on the team to speak up and make contributions and stating that they will not be judged or that it is a safe environment, thereby establishing contributory safety and learning environment safety.

Another way that this step can be incorporated as a team-based facilitator of psychological safety would be to empower an individual to act as a spokesperson for their group or by having a boundary spanner who can link sub-groups of individuals within the team which can foster a wider connection to the hierarchy (Remtulla et al., 2021). This can, therefore, increase the safety felt by individuals of the group to approach a colleague rather than someone with a higher power distance. Providing autonomy to the students and using inquiry to build the students' knowledge. By allowing the student to make intentional decisions about patient care and asking questions that promote critical thinking, students will be able to demonstrate their learned skills at their own pace and comfort and build their competency. Likewise, a leader can opt to have learners in smaller groups or teams, which may encourage a sense of safety for those learners who may feel more comfortable sharing their opinions or asking questions to a smaller subset of persons and prevent individuals from feeling intimidated by a large group. This creates an environment where members who do not have a vocal personality can still be included and comfortable to make their contributions to the team. Another way that leaders can invite participation is through proactive inquiry. Actively seeking input from the members of the team will reinforce the expectations of participation that would have been discussed prior and allow members of the team a chance to contribute voluntarily. A simple broad, open-ended question such as "What would be your input on this case?" or "What would be your approach to management for this patient?" could encourage a less formal approach to the members of the learning team versus a closed-ended question/answer approach in which students may feel more pressured to get the right answer rather than contributing thereby deterring students from answering or contributing out of fear of being wrong.

The third step that can be taken by a leader to establish psychological safety within the hidden curriculum is to provide a productive response during feedback to the student. Feedback is one of the most important tools of communication between a student and an educator. This can be done by first thanking the team for their contributions of questions, comments, or opinions. This acknowledges the efforts made by the team to contribute and can be seen as a tool of encouragement for further discussion. It is recommended that the educator acknowledges that the correct answer to a specific scenario is through understanding where suggestions or contributions that were made by the team may or may not have led to the correct choice. This encourages students to view the experience as a learning tool and makes them feel comfortable about contributing as a part of the discussion. Educators should offer recommendations and feedback based on direct observations made to individuals who contributed; this constructive feedback will, therefore, allow students to feel safe to discuss their approach because they know that they will be offered guidance even if they are off target in their answers or comments. Moreso, because students will be taking observational cues from their supervisors in the clinical setting, creating a psychologically safe approach to giving and receiving feedback will ensure that the learners adapt the most appropriate practices in their learning and future careers.

Although it is ideal to create a psychologically safe environment for learners, there can be barriers to establishing this for students in medicine. This includes the hierarchy in medicine, which can lead to intimidation and may lead to learners feeling that they are inferior, especially if the educators may have an authoritarian leadership style. Lack of knowledge may also precipitate lack of psychological safety in the clinical learning environment (Remtulla et al., 2021). For this reason, if students feel that there may be an existing barrier to psychological safety in their learning environment, there should be reporting systems and policies to allow them to place more trust in a system to provide a safe space for students. This will help to reinforce policies that will keep educators accountable for any actions that may hinder the presence of psychological safety in the hidden curriculum for students, such as policy regulatory committees.

Although there is research available in this area, this topic has become increasingly significant in the past few years. More research could bring to light more factors that may contribute to the disruption of psychological safety in the hidden curriculum in medicine and thus help us to combat this problem in the future.

CONCLUSION

Psychological safety is a key factor that should be considered in the hidden curriculum in medicine. Without having a feeling of safety, students would not be able to express and adapt appropriate communication skills that are necessary to be efficient, empathetic, and emotionally aware individuals. By taking simple steps, educators have a grand opportunity to help learners feel safe in an environment where it is necessary for them to give their opinion without the fear of being ridiculed or embarrassed. Educators have the power to establish this environment and should be encouraged to take the steps necessary to do so. Changes can realistically be implemented, if needed, if educators are held accountable for any actions that may be deemed to affect psychological safety through impartial policy reinforcement by relevant committees. This would significantly impact the presence of psychological safety for students in the clinical learning environment in medicine, which can, in turn, affect patient outcomes in their future careers.

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