The Emergence of Psychological Safety or its Mirage: Online Supplement

Online Supplement 1A. Circle team projects, project leads, and beneficiaries.

Project Focus	#	Project Topic	Dates worked on (# of meetings)	Project leader Initially (I) Over time (OT)	Beneficiary Initially (I) Over time (OT)
Improving the clinic's operations	1	Create clinic "teamlets" (preventative health teams)	10/11/2012 - 6/26/2014 (38)	I: Doctors OT: Doctors + Clinic Leaders	I: Clinic doctors OT: Clinic teams + Patients
	2	Co-locate clinic teams	9/20/2012 - 2/20/2014 (29)	I: Doctors OT: Doctors + Rotate team	I: Organization OT: Clinic teams
	3	Design and open new wing		I: Doctors OT: MA	I: Organization OT: Clinic teams
	4	Improve lab workflow	11/29/2012 - 1/23/2014 (17)	I: Doctors + MA OT: MA	I & OT: Clinic MAs + Patients
	5	Improve colon cancer screening	11/21/2013 - 5/29/2014 (17)	I: Doctors + Clinic Leaders OT: Doctors + Rotate team	I & OT: Organization + Clinic Doctors + Patients
	6	Create and assign MD-MA dyads	8/15/2013 - 9/26/2013 (6)	I: Doctors OT: MA	I: Clinic Doctors OT: Clinic Doctors + Clinic MAs
	7	Diabetes-Haitian education for the entire clinic	2/13/2014 - 6/26/2014 (18)	I: Doctors + Patients OT: Doctors + Rotate team	I & OT: Clinic staff + Patients
	8	Clinic diabetes group visits (group of patients + group of doctors and staff)	2/13/2014 - 6/26/2014 (18)	I: Doctors OT: Doctors + Rotate team	I & OT: Clinic staff + Patients
	9	Improve team huddles (initially via prework and face-to-face)	6/6/2013 - 10/24/2013 (9) 10/24/2013 - 4/17/2014 (10)	I: Doctors + Faculty OT: MA + Rotate team	I: Patients OT: Clinic Doctors + Clinic Staff + Patients
	10	Improve front desk workflow (initially just call routing and front desk checklist)	12/13/2012 - 5/30/2013 (9) 1/24/2013 - 5/8/2014 (24)	I: Doctors + Front Desk OT: Rotate team (Nurse + Front Desk + Doctors)	I: Nurses OT: Clinic staff
	11	Make wait board useable to patients	11/29/2012 - 6/19/2014 (20)	I: Doctors + Faculty OT: MA + Front Desk	I & OT: Patients
	12	Design front desk signs	2/28/2013 - 7/18/2013 (5)	I: Front Desk + Clinic leadership OT: Front Desk	I & OT: Front Desk + Patients

	13	Consider patient satisfaction (per project)	One-off discussions per project	I: Patient OT: Doctors	I & OT: Patients
	14	Revamp patient appointments	10/10/2013 - 5/1/2014 (3)	I: Doctor OT: Front Desk	I & OT: Front Desk + Patients
	15	Patient Advisory Council work	10/10/2013 - 5/15/2014 (13)	I: Doctors OT: Rotating team	I & OT: Patients + Organization
	16	Patient information packets	3/7/2013 - 1/16/2014 (15)	I: Patient + Clinic leadership OT: Doctors + Cross-clinic team	I: Patients OT: Organization
	17	Patient signs to navigate clinic	8/1/2013 - 6/19/2014 (16)	I: Front Desk OT: Patients + Patient Advisory	I & OT: Patients
Improving the team's operations	18	Realtime minutes for clinic	1/24/2013 - 1/23/2014 (5)	I: Faculty1 OT: Rotating team	I & OT: Clinic + team
	19	Improve internal clinic outreach	2/28/2013 - 6/12/2014 (16)	I: Faculty1 OT: Rotating team	I & OT: Clinic + team
	20	Patient recruitment	7/11/2013 - 11/07/2013 (15)	I: Doctor1 OT: Doctor1 + rotating team	I & OT: Team
	21	Conference participation	Mandated by clinic or organization	I & OT: Organization	I & OT: Clinic
	22	Team training	Mandated by clinic or organization	I & OT: Organization	I & OT: Clinic

Online Supplement 1B. South team projects, project leads, and beneficiaries

Project Focus	#	Project Topic	Dates worked on (# of meetings)	Project leader Initially (I) Over time (OT)	Beneficiary Initially (I) Over time (OT)
Improving the clinic's operations	1	Improve team huddles	10/18/2013 - 3/21/2014 (8)	I & OT: Doctor	I & OT: Clinic
	2	Patient information packets	1/25/2013 - 11/1/2013 (14)	I: Nurse + Patient OT: Nurse + Doctor	I: Patients OT: Clinic Doctors + Staff
	3	Improve medication / refill information	11/16/2012 - 1/17/2014 (11)	I: Doctor + MA + Nurse OT: Doctor + MA + Nurse	I: Patients OT: Clinic Nurses + Staff
Improving the team's operations	4	Improve internal clinic outreach	1/17/2014 - 5/2/2014 (6)	I: Doctor OT: Doctor	I & OT: Clinic
	5	Poster presentation	Mandated by clinic or organization	I & OT: Organization	I & OT: Clinic
	6	Team training	Mandated by clinic or organization	I & OT: Organization	I & OT: Clinic
External	7	External team comes in to do sensitivity to patient project with the team*	Mandated by clinic or organization 3/7/2014 - 6/20/2014 (6)	I & OT: Organization	I & OT: Patients

Online Supplement 2. De-risking process extended example: Small-scale project leadership opportunity

Minimizing exposure. Another set of de-risked opportunities came with intentional expansion of the leadership and co-leadership of projects. This required breaking the projects into smaller, more scope-limited efforts to minimize exposure for team members (i.e., in this case, the likelihood that they would be seen to fail due to incompetence). This intention was emphasized, for example, in an meeting at the end of the first year when the desire for setting out smaller projects to be led by team members was discussed. A doctor said, "We want front desk and medical assistant projects before others." One example pertains to taking a large project focused on co-locating doctors with other staff in the clinic, which had been led by doctors during the first year. However, in August 2013 they took one piece of the project that was narrower in scope and asked Circle_MA2 to lead it (to fix a scheduling process issue that made it difficult for team members and doctors to co-locate continuously). This was not something the MA had felt confident to do, but it was adjacent to her skills and narrowly scoped.

Supporting skills and practice. The doctors, manager, and medical assistant had experience in using the clinic systems to pull information on patients but were less familiar with how to query and change doctor and staff assignments. Circle_Manager1 offered her understanding of the difficulties for "manipulation data and schedules," and Circle_Doctor3 provided an IT person for Circle_MA2 to consult, who at first could not help even with Circle_Doctor1's support. Circle_Doctor3 helped brainstorm several options inside the organization and with the vendor where Circle_MA2 was able to get technical support.

Evidencing and reinforcing skills. The de-risked opportunity for the MA to lead a narrowly scoped but challenging project offered an opportunity for her to evidence and reinforce her skills to the team. After a month of leading the work, she reported back in a September meeting, "I spoke with [external manager] about the provider sheet and on my own figured out in EPIC [the electronic system] how to find providers. I'm good at that." The doctors seemed surprised and interested; Circle_Doctor4 said, "How do you do it?" to which Circle_MA2 replied, "I can show you, but I don't know how to explain it." When she gave the demonstration, the leaders were impressed: Circle_Doctor3 exclaimed, "Oh gosh!", Circle_Manager1 said, "Oh Jeez!" and Circle_Doctor3 continued, "It shows who is scheduled even if they are not here! This is an improvement, it gives us more space…a helpful, huge improvement."

Demonstrating safety. Doing this work led to a number of questions that challenged Circle_MA2, suggested weak points, or went beyond her knowledge, and she had to revise in real-time or admit where the work was weak. This provided opportunities for the team to respond in ways that showed that this was okay, expected, and not considered to reflect poorly on her. The manager for example pushed back about a process that Circle_MA2 had included suggesting, "I think we need to be in the habit of sending this out the night before." This gave the MA an opportunity to agree and say, "I'm working on it," and for the manager to respond with appreciation, "I know!" Circle_MA2 was also able to admit multiple times when she struggled and to ask for help; for example, saying, "It's hard to do this on Monday for the whole week. I had a question: That board for the front desk to see, what can we do if …," to which the team responded with helpful ideas and continued appreciation. As this experience unfolded, the team leaders came to rely on her for larger and more complex work, and she was willing to try. They even asked her to negotiate directly with the union and staff representatives to relinquish control of the scheduling process, no small task for an MA.

Online Supplement 3. Additional examples from Phase 2 of the team de-risking process

Offering de-risked opportunities with minimum exposure

1. *Team facilitator.* Team members learn to be the team facilitator for 10 weeks.
2. *Clinic facilitator.* Team members volunteer to facilitate clinic meetings and clinic teams.
3. *Meeting roles.* Team members rotate meeting note taker, timekeeper, and reporter.
4. *Reporting out.* Team members rotate reporting out on behalf of the team to the clinic.
5. *Expanded participation.* Team members give input and work on tasks outside their clinic role.

Offering de-risked opportunities by supporting skills and practices

6. *IHI Model for Improvement.* Team learns questions and PDSA cycle approach.
7. *Driver diagrams.* Team learns how to create and use driver diagrams for quality improvement.
8. *Computer skills.* Team upskills on Excel, Electronic Medical Record, Excel, and other internal systems.
9. *Data analysis.* Team learns how to collect data to determine problems and measure change.
10. *Building clinic-wide visuals.* Team learns to create interactive visuals for clinic.
11. *Team training.* Team attends clinic-wide training sessions to learn about teamwork.
12. *Team touchstones.* Team learns and uses team norms from team launch.
13. *Team meeting facilitation.* Team learns how to build an agenda and basics of facilitation.
14. *Public speaking.* Team practices preparing and delivering presentations for audiences.
15. *Stakeholder analysis & communication.* Team learns whom, when, and how to engage.
16. *Patient partners.* Team learns from health system patient leader how to recruit patients

Iterative Trying: Team members assume new work requires several attempts and so do not step in or take over others' tasks but rather provide them with time to prototype and experiment.

Collective revising of risk by demonstrating safety

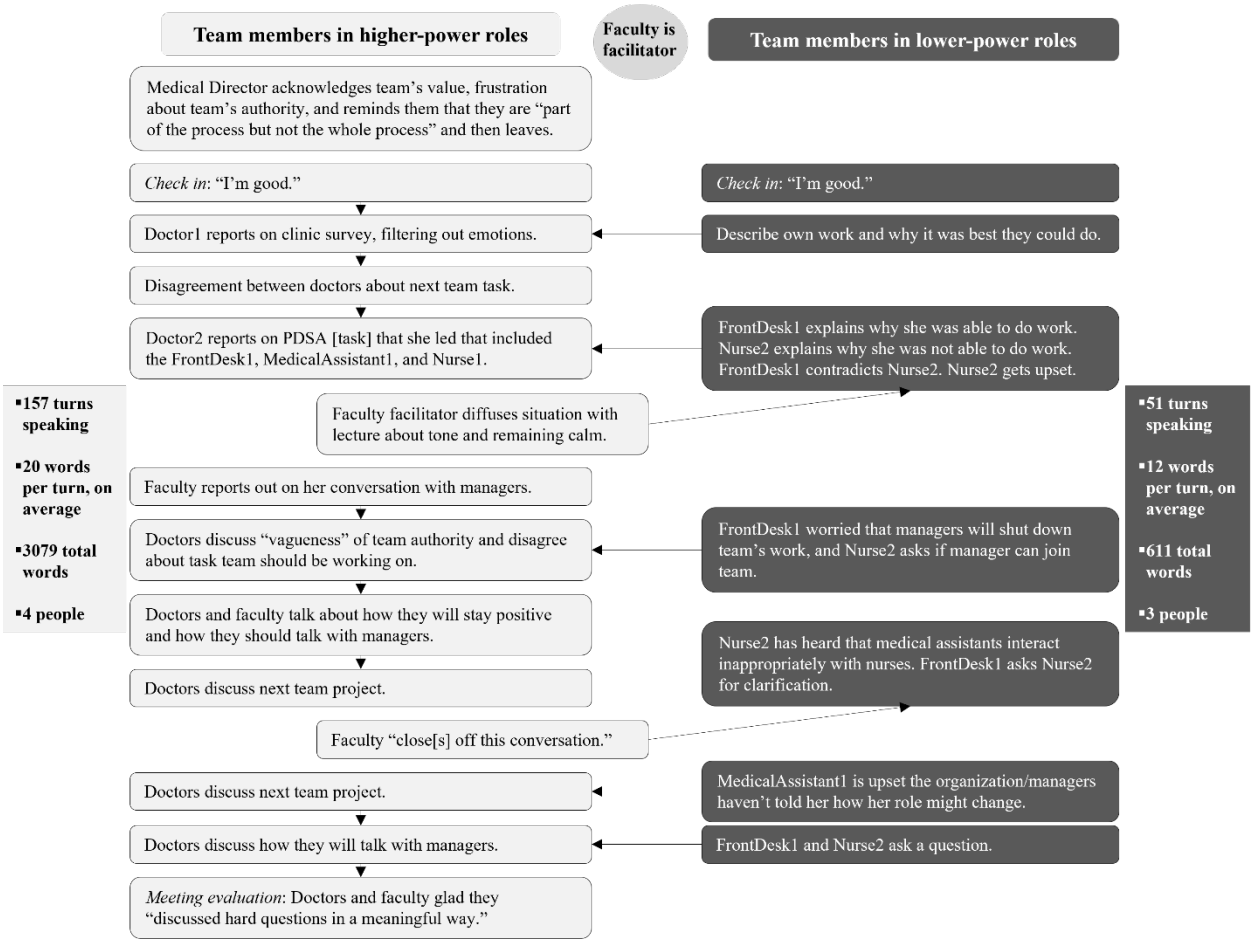
17. *Expect improvement not perfection.* Team members celebrate attempts and improvements.

Collective revising of risk by evidencing and reinforcing skills

18. *Train clinic on iFOB.* Non-doctor team members conduct trainings for the clinic on using screening tool with ample preparation.
19. *Screening tools and practices.* Team learns about preventative care best practices and creates or updates clinic material; teams prepares and together rolls out new workflows.
20. *Group patient visits.* Team learns from external doctor how group diabetes management visits work and discuss implementation with relevant others in their clinic.
21. *Scheduling practices.* Team members learn how to create new schedules for clinic staff, teach each other, and create new taken-for-granted clinic workflows.

Ongoing Feedback. Team leaders affirm team members and provide space for feedback from team members as well as their own suggestions for improvement.

Online Supplement 4A. Example of Circle conversation in the first year with low contributions from lower-power team members



Online Supplement 4B. Example of Circle conversation toward the end of the second year with more balanced contributions across team members

