

Beyond Silos: Psychological Safety - Creating the Conditions for Multiprofessional Learning

29th Sept 2026

Dr. Thirza Pieters

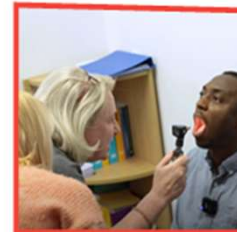
MPFS Educational delivery and Evaluation Lead

Dr. Charleen Liu

MPFS Simulation Lead

Multiprofessional Foundation School

Supporting healthcare professionals from foundation,
preceptorship and beyond.



PROSPECTUS 2026- 2027

Interprofessional Learning:
the foundation of collaborative practice

Aims of the session

- To share what we have learned about bringing different professions together to learn.
- To explore what psychological safety is, and why it can be harder to achieve when learners and faculty come from different professions.
- To give you practical ways of making your sessions feel safe for everyone, whether in simulation or other kinds of teaching.

Intended Learning Outcomes

- **Describe** how the Multiprofessional School supports interprofessional learning and collaborative practice.
- **Explain** psychological safety and brave spaces.
- **Recognise** barriers to psychological safety in interprofessional learning.
- **Create** a psychologically safe pre-brief.
- **Select** strategies to support psychological safety.
- **Identify** one change to your own educational practice.

AI statement

We used Claude, an AI assistant made by Anthropic, to help refine ideas, and to generate some of the slides and materials.

The workshop reflects our own professional judgement, and the section on our Multiprofessional Foundation School is entirely our own work.

We have researched and verified every theory and reference included.

We share this in the spirit of transparency and honesty, the same openness that helps build psychological safety

To start with

Go round your table, about 30 seconds each

- your first name
- what or who you teach
- think of someone who made it feel safe for you to ask a "stupid" question. What did they do?....

First names only, and you are welcome to pass.....

About the MPFS

Launched in Autumn 2022

The School was initially created to support the development and learning of foundation trainees across:

MEDICINE, **PHARMACY**, DENTISTRY AND PHYSICIAN ASSOCIATE disciplines.

Since extended to other early career disciplines

Multiprofessional Foundation School

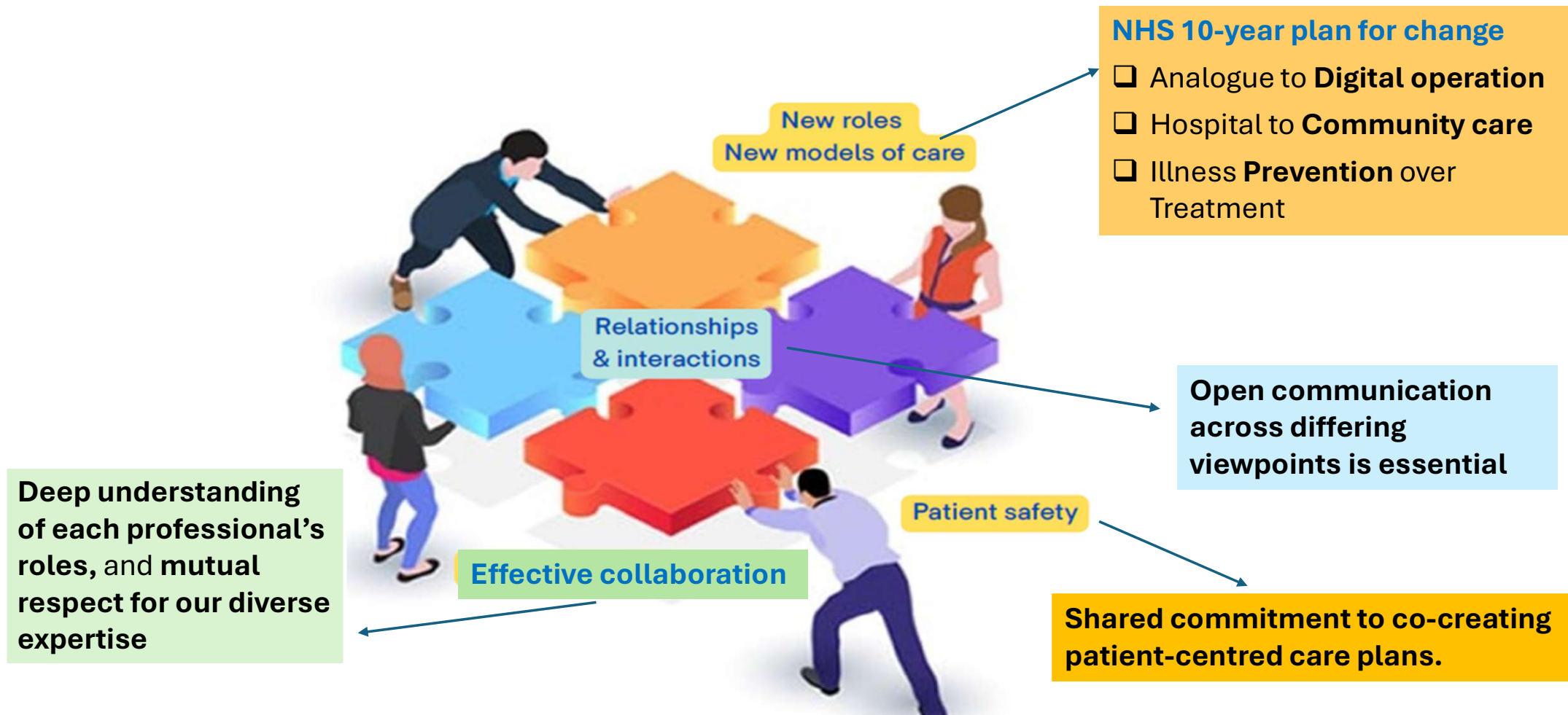
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Why follow a multiprofessional approach?



Why isn't there more of it?

Emerging evidence base

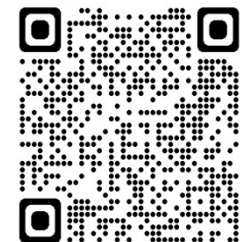
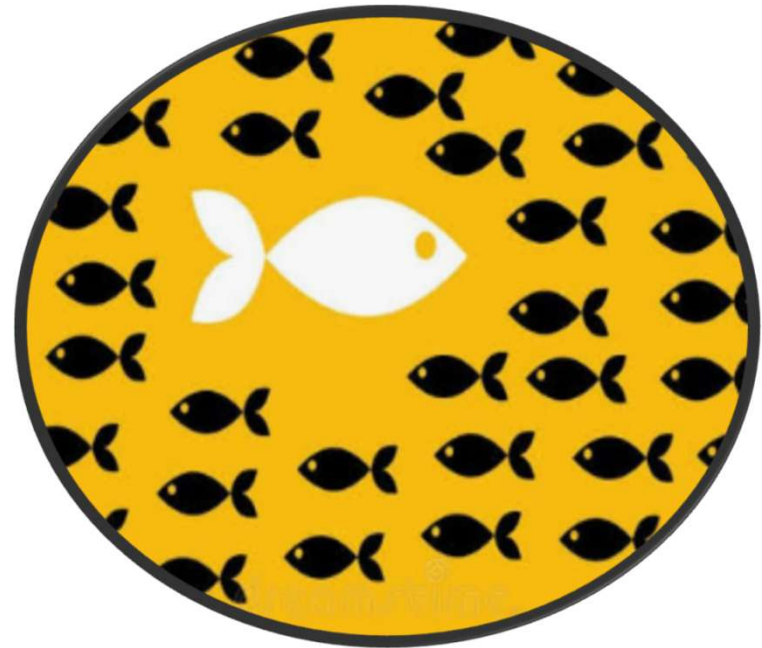
- Mixed bag - Variable quality
- Focus on level 1-3 evidence
- Publication bias

Logistically challenging

- Silo funding and planning

Dealing with resistance

- Learners/facilitators and systems



Reeves et al 2016

What we offer



Why Simtegration?



Patients do not experience healthcare in silos...

However, medical education often occurs within:

- Individual professions
- Single clinical settings
- Isolated episodes of care

This creates gaps in understanding:

- Transitions between different care sectors
- Medicines optimisation across sectors
- Roles and limitations of each sector

Results in:

- Patient falling through the gaps
- Inefficient care



Simtegration Course outline



Simulated patient journeys in different sectors with realistic complexity

Transitions between primary to secondary care, and vice versa

Primary and secondary care clinicians and pharmacist collaboration – facilitators and learners

2026/27 courses: Luton, PCH, Watford



- Jigar Raval (Advanced Pharmacist Practitioner, C&P Training Hub)
- Kunal Chandarana (GP TPD)
- Aikaterini Gkoritsa (Acute Medicine Consultant, NWAFT)
- Fred Magezi (Consultant Geriatrician and General Physician, Lead Clinician Frailty Services, NWAFT)
- Jonathan Wood (Consultant Psychiatrist, CPFT)



Evaluation - What learners gained



Increased **system visibility**, appreciate **patient's journey across multiple sectors** and how different services interact



Greater confidence in **cross-sector communication** (effective handovers, referral processes, and interprofessional collaboration)



Improved awareness of **polypharmacy, medication management, and wider system-related risks** affecting patient outcomes



A developing sense of **collective responsibility for the patient journey**, considering continuity of care across organisational boundaries

What's in development?



- Simtegration board game!
- Multiple patients, multiple sectors
- Gamification
- Scalable, flexible , adaptable
- Collaborative decision-making



Psychological Safety

A quick reflection

In pairs for 3 mins, think of a teaching/training session where you stayed silent despite having an idea, concern, or question...

Why?

A very personal experience as a learner



Psychological safety in interprofessional learning

Four ideas for educators

What it is and how it develops

Edmondson · Clark

How to build and sustain it

Safe container · Kolbe

Slide 19

- PE1** [@LIU, Charleen (NORTH WEST ANGLIA NHS FOUNDATION TRUST)], I got Claude to generate a small slide deck to cover the theory a bit more cohesively- I am happy to talk through safe container, sustaining PS and safe spaces
PIETERS, Thirza (NHS ENGLAND), 2026-09-25T09:36:28.071
- PE1 0** [@LIU, Charleen (NORTH WEST ANGLIA NHS FOUNDATION TRUST)]- if you don't like it , we can remove it
PIETERS, Thirza (NHS ENGLAND), 2026-09-25T09:40:15.072
- LT1 1** [@PIETERS, Thirza (NHS ENGLAND)] Thank you Thirza - I really like this slide - it now looks everything is linking well together. Is there anything else you'd like me to add to the slides? The group task looks really good and fun, I can see there is gamification to this. :) Do you have access to a printer? (I am not back at PCH until after the event as doing BSF in King's Lynn on Monday and not sure if i can ask to use their printer...) If not I can try printing it at Vic House Tuesday morning (I have printed Clark's 4 stages yesterday)
LIU, Charleen (NORTH WEST ANGLI, 2026-09-25T21:16:24.564

Edmondson: a shared belief

Edmondson, 1999

“A shared belief that the team is safe for interpersonal risk-taking.”

A property of the group
not a personality trait

So the climate is our job

Better teams reported more errors – because they felt able to speak.

Four interpersonal risks

What people protect themselves from

Looking

ignorant

by asking a
question

Looking

incompetent

by admitting a
mistake

Looking

intrusive

by offering an idea

Looking

negative

by challenging a
plan

Silence protects against all four – so silence is the default.

Safe doesn't mean soft

Edmondson's learning zone



Nembhard, I.M. and Edmondson, A.C. (2006), Making it safe: the effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *J. Organiz. Behav.*, 27: 941-966

Clark: four stages

Each stage builds on the one before



In a mixed room, people are at different stages at the same time.

Clark (2020) – The 4 Stages of Psychological Safety

Building it: the safe container

Rudolph, Raemer and Simon, 2014 – the pre-brief

1 Purpose

What it's for – and isn't

2 Fiction contract

Honest about what isn't real

3 Logistics

Time, space, equipment

4 Respect

The basic assumption

Everyone here is intelligent, capable, cares about doing their best and wants to improve.

Safe to take risks – not safe from discomfort.

Psychological safety -

"a setting where learners feel safe enough to embrace being uncomfortable."

Rudolph, Raemer, Simon 2014
www.simsimulation.org

The Basic Assumption

We believe that everyone participating in activities at the UVA SON is intelligent, capable, cares about doing their best and wants to improve.

Rudolph, Raemer, Simon 2014
www.simsimulation.org

"One crucial aspect of engagement in health care simulation and debriefing is risk taking in the service of learning"

Rudolph, Raemer, Simon 2014
www.simsimulation.org

Rudolph, J. W., Raemer, D. B., Simon, R. (2014)
Establishing a safe container for learning in simulation.
Simulation in Healthcare, 9(6), 339-349.

In practice – 'Safe Enough' Course Delivery

The Basic Assumption™

We believe that everyone participating in activities in our Simulation Centre is intelligent, capable, and cares about trying their best to learn and improve.

The Simulation Ethos

- This is a safe enough space – good judgments, no interruptions, total respect
- Las Vegas / Fight club
- Be yourself
- Suspension of disbelief
- No one expects you to get everything done in the allocated time
- We value everyone's unique perspective irrespective of role and hierarchy - we are all learners and have lots to share with one another



Content Warning and Support

During the course sensitive mental health topics such as, but not limited to, trauma, self harm, suicidality and severe mental illness may take place. These discussions can be emotive and we are thoughtful and aware of being 'within' diversity to individual experiences in the room both personal and professional.

Priority is ever to own wellbeing; with options during the course to

- Take breaks as needed
- Step out at any time.
- Share only what you are comfortable sharing.
- Speak to a facilitator for support.

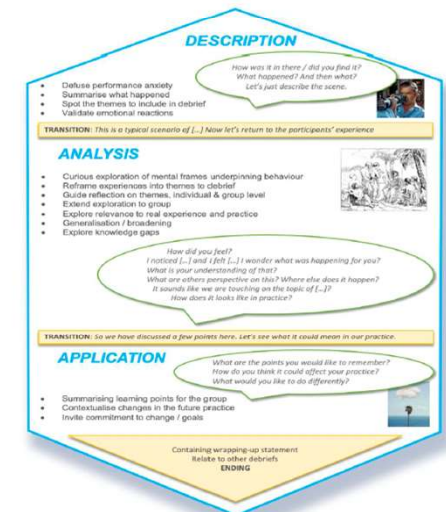
After the course we encourage feedback on content, signposts to supports for wider wellbeing with no assumptions to remind of crisis support-Samaritans, GP, A+E, 111 and 999.

The hub of hope is a helpful resources for finding mental health supports locally
<https://hubofhope.co.uk/>

Equality and Equity

"South London and Maudsley are committed to tackling inequality, eliminating discrimination and harassment, promoting equality of opportunity for all, and fostering good relations."

<https://www.slam.nhs.uk/about-us/equality/public-sector-equality-duty/>



ML @Maudsleyteam

NHS South London and Maudsley NHS Foundation Trust

ML



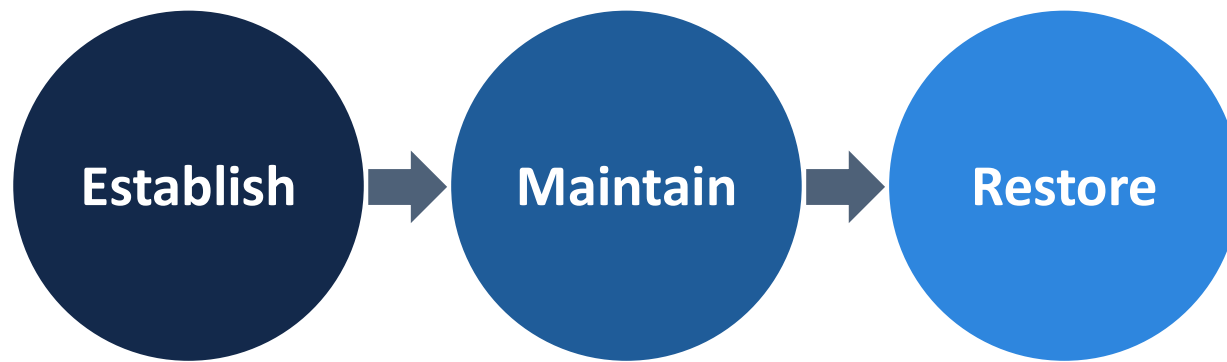
@Maudsleyteam

NHS

South London and Maudsley NHS Foundation Trust

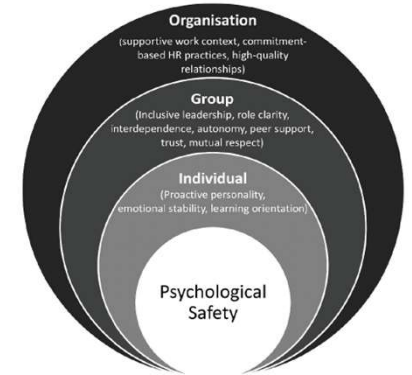
Sustaining it: a balancing act

Kolbe et al., 2020 – building on the safe container



Safety rises and falls – most fragile in the debrief.

“I cut across you there – sorry. Please go on.”



To repair

Name · acknowledge ·
clarify intent · reframe

Faculty safety matters

Anxious facilitators
control or avoid.

Safe space or brave space?

Arao and Clemens, 2013

“Safe space”

Can mean “no discomfort” and protect the most powerful from challenge.

“Brave space”

Honest that discomfort will come and we are committed to handling it with respect.

Real differences in status and culture are in the room. Name them.

Arao, B., & Clemens, K. (2013). From safe spaces to brave spaces: A new approach to discussing diversity and social justice. In L. M. Landreman (Ed.), *The art of effective facilitation: Reflections from social justice educators* (pp. 135–150). Stylus Publishing.

Four ideas, one sequence

What it is
Edmondson

How it develops
Clark

How to build it
Safe container

How to sustain it
Kolbe

...and brave space: honest that discomfort will come.

Next: practise a pre-brief

Prebrief Practice

For the next 7 mins....

- **Read your learning event card**, including the learning from previous sessions.
- **Write a 60–90 second pre-brief**
- **Choose one person to deliver it** to the whole room, and a **different person** to respond to the challenge later.
- **Listen to the other groups' pre-briefs**
- **Then expect a challenge** (from us)

Vignettes

Your group has **one vignette**. Each is a dilemma where the difficulty sits mainly with **faculty**, often at a moment when psychological safety is damaged partway through a session.

You have about **8 minutes**.

Discuss:

- **Whose psychological safety is at risk**, and at which of Clark's stages?
- **What could the facilitator do** before the session, during it, and afterwards?

Agree **one tip** to share with the whole room.

You don't need to report everything.

Psychological Safety and IPE Summary

- It is ours to create.
 - in a mixed room people are at different stages
- Build it on purpose so every profession knows it belongs
 - Design
 - Prepare
 - Prebrief
- Keep it and repair it
- Co-facilitators model safety to learners
- Brave – not comfortable – name the differences in the room

One thing you will take forward from today?

Contact us

england.multiprofessionalschool.eoe@nhs.net

Maria Christou

MPFS Pharmacy Education Lead

maria.christou@nhs.net

Thirza Pieters

MPFS Development and Evaluation Lead

thirza.pieters@cpft.nhs.uk

england.enhance.eoe@nhs.net

Charleen Liu

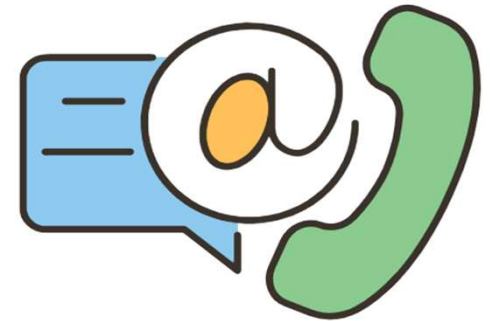
MPFS Regional Simulation Lead

Charleen.liu@nhs.net

Ashley Byford

Enhance Senior Manager

Ashley.byford3@nhs.net





ANY
QUESTIONS?

