

Central Line: The AAHA Podcast

Episode: Past Platitudes to Real Results: Making Psychological Safety Standard in Veterinary Practices

Guest: Coral Doherty, RVT

0:00:04.3 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Dr. Katie Berlin, and I'd like to welcome a special guest, Coral Doherty to the podcast today. Coral, it's wonderful to have you. Welcome.

0:00:15.3 Coral Doherty: Hi, thanks for inviting me. I'm really excited to be on this podcast with you today, and thanks so much for inviting me.

0:00:21.6 Katie Berlin: Well, we wouldn't miss a chance to chat with you. Coral, is the winning... Has the winning idea from our Veterinary Visionary solving event this year. So you probably have been seeing posts about it, it was an event basically where we had a platform up where people could submit ideas to help us solve a big issue. And in this case, it was the idea of creating sustainable and scalable solutions for mental health and well-being for veterinary professionals. And we had some incredible ideas, and Coral's rose to the top.

0:01:00.2 Katie Berlin: Our evaluators felt that it was... That her idea was the most scalable and implementable of the ideas that were submitted and could have some of the greatest effect. So, that was a really, really cool initiative, and I was just blown away by the entries. But before we get to your idea, just a little background there on why you're here. But before we get to your idea, could you just give us a little bit of who you are, what you do in the veterinary world, and how you came to be here?

0:01:32.7 Coral Doherty: Oh, sure thing. Yeah. So it's a bit of an interesting story myself when I listen to it. I actually started in veterinary medicine when I was 12. I needed a part-time job and was interested in working in a veterinary clinic, and then through high school, I ended up doing a working practicum out of that clinic. And I was raised in Southern Ontario. After graduating tech school, I came out here to Winnipeg and worked in practice out here. Eventually, throughout my career, I ended up in various workplaces across the prairies and in the UK, and saw the face of how the people that I was serving as a sales professional, they could feel so much... You could feel the thickness of the stress walking in those workplaces, and you always hope that you were helping to brighten their day when you walk through, to not just talk about your product but also to connect with them and give them some resilience and encourage them as they go through their day. When I ended up having children and I had to make some career choices, I decided that I would go into practice management as a freelance manager and assist practices with their workplace management or business as well as HR.

0:02:51.1 Coral Doherty: When I did that, I was asked to do a presentation in 2019 on mental health for veterinary teams. And at the time, I honestly didn't realize that there was actually some statistics to do with mental health for veterinary workplaces, and at the time, I was just finishing on the quality management certificate at the University of Manitoba, which is all about systems and processes, work design, problem-solving, and efficiencies. And the number one reason that we're here is customer service, so really to endeavor to do our best to solve problems, to serve our customers the best we can.

0:03:27.2 Coral Doherty: And so those two aligned, and I came across the Canadian Standard for Psychological Health and Safety, and connected with Dr. Kathy Kyle in Calgary. And her and I shared a huge vision on what we could do together and collaboratively to improve workplace mental health, and at the time, it was great timing because there was a course being offered here at Winnipeg for me to become a certified Psychological Health and Safety Advisor through the Canadian Mental Health Association. And it just opened my eyes and gave me the tools and resources I needed in order to start running with it and trying to offer some knowledge into the veterinary wellness phase. And I think that's how I got here. And I think if I had told myself when I was 12 where I've ended up, I don't know that I would have known that I was gonna be here. [chuckle] But it's good.

0:04:20.3 Katie Berlin: Yeah. It's amazing, the directions life takes us in and how each step of your journey sort of unfolded through that, what you just said, and that's really cool. I'm really glad that you had sort of a winding road to get here that led you into the space, because as we know, these issues aren't new, they're just things that we didn't use to talk about and...

0:04:44.4 Coral Doherty: Yeah, that's the biggest thing that I've learned a lot about stigma and how much the role of stigma has actually got us where we're at today. And I do respect those people who still don't wanna talk about their mental health at work because they may have come from a generation where that was the status quo, but we are finding that through research and through the studies that we've seen, going back to 1979, that the tools and resources we didn't have in 1979 till now, we just didn't have, we didn't know about. So stigma, maybe stigma was a great solution. Don't talk about it. And then maybe [chuckle] we don't have to deal with it.

0:05:21.7 Coral Doherty: But now, we have the tools and resources, so we need to start talking about mental health at work, because we can help now and we can prevent psychological injuries from happening, we can learn from the people that have gone through the painful psychological injuries and recovered, or those who have had a cost to their caring, that we can actually take that and move forward and improve the lives of our veterinary professionals.

0:05:50.1 Katie Berlin: Alright, awesome. Well, we're gonna talk a lot about that. I wanna put a pin in what you just said there about just the phrase, "psychological injuries." I wanna get back to that, but before we do, I have a fun question for you because I learn a lot about people this way. If you were a dog, what breed of dog would you be?

0:06:09.9 Coral Doherty: There are so many dogs I could be. And the first one that actually [chuckle] came to my mind was actually a Golden Retriever, but I thought, "You know what, I'm not always very obedient."

0:06:20.2 Katie Berlin: [laughter] I know a lot of Golden Retrievers that aren't always obedient.

0:06:22.8 Coral Doherty: I know, I know. And I just couldn't carry that many tennis balls. I'm not very good at tennis, actually. So, then I thought, "You know what, actually, I think if I was to align with what my spirit is," my spirit seems to be really helping people and doing as much as I can and sort of going in the space where no one's been before. So I think about, like a St. Bernard or a Newfoundland dog, because they're the ones that are going in the mountains, doing dangerous things, jumping in oceans and trying to save people. They have to make errors like I do and learn

from their errors and improve and go through the training and do their best every day, and that's all I can do. So, that's me, I'm a hybrid. [laughter]

0:07:05.0 Katie Berlin: I love that. I love that. Hopefully, you don't drool as much. [laughter]

0:07:09.0 Coral Doherty: Yeah, you know what, when there's a good steak sitting in front of me, though.

[laughter]

0:07:16.3 Katie Berlin: It's situational-wise.

0:07:17.7 Coral Doherty: That's right, that's right. But I was raised with manners, so I do good. I'm just not very obedient.

0:07:23.9 Katie Berlin: No judgement.

[laughter]

0:07:24.0 Katie Berlin: Well, thanks. That is an unusual answer, and I love that. It's like a rescue dog, that's really cool. What could be cooler than that? I always love to love learning about those, so...

0:07:36.1 Coral Doherty: Yeah. I like the question, it's a good question.

0:07:39.1 Katie Berlin: [laughter] Alright, let's dive into it. So, your idea was the one that rose to top in Veterinary Visionaries, and it was about psychological safety and how we can establish some standards for psychological safety in the workplace in veterinary medicine. Can you start out by talking about what psychological safety is, and going back to what you just said, psychological injuries, a lot of people listening probably are thinking, "Well, that's not me; I'm just burned out," or "I'm just sad," or "I just don't really wanna go to work today."

0:08:10.7 Coral Doherty: That's right.

0:08:11.7 Katie Berlin: What does psychological injury mean, exactly?

0:08:15.1 Coral Doherty: So, a psychological... Well, starting at psychological safety. Psychological safety is a lot. There's two definitions, really. Dr. Amy Edmondson was one of the first pioneers when it comes to talking about psychological safety, and that's about building trust between the colleagues as well as management, and feeling safe to make mistakes, feeling vulnerable, and actually being encouraged to push forward and ask the questions that you need in order to better understand your role without feeling like you have fear or retribution or retaliation. So that's one definition of psychological safety.

0:08:53.7 Coral Doherty: And the other one is really about a way of working so that you reduce the stress associated with working, because we know that stress manifests itself in many different ways. It does happen physiologically, we'll see some changes in our physical well-being. Those are some of the early symptoms, but then again, if you think if you don't look after stress, sometimes

we wait long enough and then we really listen to our bodies when they start to hurt. We start to take medications to try and deal with that, whether it's diabetes, high blood pressure, infertility, or hormone imbalances, those sorts of things start to happen.

0:09:35.0 Coral Doherty: But also, when we have stress that's long-lasting and we haven't done anything about it, we can incur a psychological injury. So as it persists, it goes through phases of things like burnout, compassion fatigue, secondary vicarious trauma, so you'll sometimes hear that as PTSD. And then also we'll see anxiety and depression, we'll see other types of mental illnesses that can develop. It's a tough subject, and I also keep in mind that anybody I speak to may have already incurred their own psychological injury and been able to heal and overcome, but at some point, of course, we always do get that sensation of PTSD where you've been there, done that, and you know the warning signals and the red flags, and you know what to do to keep yourself safe.

0:10:17.9 Coral Doherty: But then I know we all have lost and heard of colleagues that we've lost to psychological injuries. And that's where the trail goes to if we don't nip stress in the bud and recognize the physical symptoms of stress and have the correct tools and training on board. That is psychological safety, where we can prevent those type of psychological injuries by nipping them in the bud and looking at some mental health metrics really to track the early symptoms, and then an ongoing system to do check-ins. Almost like you would with the [0:10:54.1] _____, you don't just start giving it tons of insulin, you wanna check along the way and make sure you've given the right amount of insulin, so this is like that type of psychological safety. Yeah.

0:11:05.7 Katie Berlin: Well, that makes so much sense. And one thing I wanted to clarify, too, is like you mentioned psychological injury, and that could be something really serious and something that is incredibly... That ends up catastrophic to a person's health and well-being. But psychological injury doesn't have to be something like a huge, major event that happens; it can be a consequence of little things that build up over time or things that happen day-to-day that we might not even see as a problem, but over time, they build up especially if we haven't had the tools to deal with them or talk about them. Is that true?

0:11:45.6 Coral Doherty: That is true, but someone else said to me, "The first time that you'll ever have a psychological injury is when you're asked to do something outside your comfort zone," so depending on what that is and what the result of that could be. So as an example, let's say you're short-staffed and you've just asked the veterinary assistant to step in and help out in surgery, and that person saying, "You know what, I wasn't trained to do this, but I know you need me to help, so, I'm here because there's nobody else," and then all of a sudden the patient stops breathing and now what's supposed to happen?

0:12:19.6 Coral Doherty: The veterinarian is gonna try and coach how you bag an animal. And then what happens there? That outcome is what is going to start the ball rolling of a psychological injury, because that person was asked to do something outside their comfort zone, and what was the end result? It could have been a good result; it could have had bad results. But either way, there has to be follow-up and the debriefing after that, because if a person is put in that situation, just because they're getting a paycheck doesn't mean it's okay to push somebody beyond their limits.

0:12:52.4 Coral Doherty: I think is what it comes down to, really. But that makes sense to me, because like what you say, it could be one instance or it could be multiple instances that generate a psychological injury, and they can be... It's always the work that we do, but it's also the emotional

component of our jobs that predisposes us to those injuries. Yeah. And I guess I should say, we know really well how to manage physical injuries on the job, we can totally keep ourselves safe, we can keep wearing our lead x-ray gloves. I've never seen the effect of x-rays on my hands, but I keep wearing my gloves, right? I know I need to have protection against that, and it's the same thing with psychological injuries. We don't always see them happening, but we have to start protecting ourselves against them.

0:13:39.7 Katie Berlin: That's a great analogy. I haven't heard that analogy before, and I really like that. And I was listening to you talk about people being pushed past their comfort zone and out of their comfort zone, asked to do things that maybe they don't feel ready for, and that's like our entire lives [laughter] in vet med, especially if you're a recent graduate, an early career graduate of vet or tech school, or a vet assistant who's in training. Everything you do is new, and just because you learned about it in a book doesn't mean you feel ready to go in and do that on an operating table or talk to a client about it and have them be making life-or-death decisions because of what you say. And that, over time, is so stressful.

0:14:27.6 Katie Berlin: So, I can certainly see why that would mean we are all at great risk for that psychological injury, 'cause we all have different boundaries, but we're taught that we're not supposed to draw them in those situations. We're supposed to say yes and wanna jump in and do what we're trained to do, even if we aren't really trained to do it. [laughter]

0:14:42.6 Coral Doherty: And do it. Right. Right.

0:14:48.2 Coral Doherty: Well, yeah, and that's a good point, too, because that brings me back to also the psychological health and safety management system, because if an employee knows that they have been pushed beyond their comfort zone, they should also know the recourse of what they can do to deal with that situation and how they felt. And you see, I think for years and years, we haven't had the tools or resources to know what to do about that, but we do now. Other than that, we were always told we need to have more self-care, maybe just need a day off, "You need more sleep, do something with the girls."

0:15:19.4 Katie Berlin: "Do some yoga."

0:15:20.1 Coral Doherty: Yeah, yeah. Do some yoga. More yoga. But now, we can actually see that we can train our managers and leaders to be sensitive and helpful, and that person should be able to feel free to talk to their manager or leader and say, "Hey, listen, I was pushed out of my comfort zone and I didn't feel very good about it. What can we do so that either I don't have to do that again, or if I do have to do it again, can I have some training just ahead of time, so that next time I go to do it, I know what I'm doing?"

0:15:51.3 Coral Doherty: So oftentimes, it's just an opportunity for more training. But right now, if you don't feel safe telling your manager or your leader that you have felt that way, then you're on your own, you're isolated, you don't have the tools or resources at your disposal. Well, it's up to you to call EAP, and I honestly... I ask everybody, I'm like, "Who answers that phone on the end of your EAP, like your health line?" And everybody's like, "I don't know." I said, "Well, you know what? You're feeling good today, give them a call and just talk to them and see what they're gonna tell you, because then you have the practice that when you do feel crummy, you know exactly what you're gonna experience when you call for help."

0:16:27.5 Katie Berlin: That way, calling for help isn't out of your comfort zone also, 'cause that keeps us from doing it...

0:16:32.1 Coral Doherty: Exactly.

0:16:33.0 Katie Berlin: A lot of the time.

0:16:33.5 Coral Doherty: That's so true. Yep, yep.

0:16:34.6 Katie Berlin: Yeah. So, your idea... That was a fantastic background, and I love the context that you use there, the ways that we can actually train people to create an environment that's psychologically safe. But let's go back to your idea. You had talked about some standards that already exist in places for psychological safety in the workplace. Can you talk a little bit about those?

0:17:01.6 Coral Doherty: Sure, it's quite interesting, actually. Here in Canada, the conversation started actually at the government level in 2006. They noticed that a high number of people were off on long-term disability, and they couldn't figure out why. So they analyzed the data, and they found out that 46% of long-term disability was due to mental illness. And they followed the rabbit trail and found out workplace has a lot to do with it. A lot to do with it. And the multiples of people around the globe that are in workplaces, we have a lot of really stressed out people or exposed people, really. A lot of people love their job and everything's great, and there's good stress and there's bad stress.

0:17:41.7 Coral Doherty: But what happened was, they decided to create a Mental Health Commission of Canada, and they were commissioned to develop the national standard for psychological health and safety here in Canada. The document was published by the Canadian Standards Association, which is also recognized by ISO, so the International Standards Organization.

0:18:04.0 Coral Doherty: So, the actual quality of this standard is a global standard quality, and it's a framework that was published in 2013 to help Canadian workplaces foster psychological health and safety and improve mental health at work, so promote mental health at work and prevent psychological harm. And they developed, through the scientific research, they determined that there were 13 psychosocial factors that affect workplace mental health. So that was here in Canada. Previous to that, the UK, actually, Health and Safety Executive, HSE, in the UK had developed a workplace standard, and they just didn't write it in a universal language like Canada did. They went to a CSA, the Canada Standards Association had it printed that way.

0:18:57.7 Coral Doherty: But the UK did, and I know in Europe, all throughout Europe, Holland, Denmark, places like that, they've been doing really well. New Zealand has been doing really well. And in fact, there is quite a bit of interest, in New Zealand and Australia, there's quite a bit of interesting legislation that has come along, just recently the last few weeks, where there actually are standards and penalties associated with not following the standards in those countries.

0:19:24.6 Coral Doherty: They are reviewing the Canadian standard, this, I think this year, and there should be a revision posted next year for the Canadian standard. So, it does work, and as long

as it's scientifically proven that they do work, and here in Canada, they did follow the first 40 businesses that implemented the standard, which is amazing. And there was some well-recognized companies, big and small, that they were allowing the Mental Health Commission of Canada to track what they did, do some surveys, and find out, what was the easiest thing, what was the neatest thing, the easiest, the hardest thing, and what was the outcome? What did they find? So what are the results of implementing psychological health and safety standards?

0:20:16.2 Coral Doherty: So that's like the piece de resistance, because really, a lot of times in veterinary medicine, we don't wanna do anything just off of someone's opinion or thought. We want scientific data, research, we want numbers, and that's what this standard does. So, when I talk about a standardized approach, my idea was based on what's working here in Canada. As far as the framework, it's a plan do-check act quality framework that they've applied, and so, it applies it in various... In the top-down level, so the top management, as long as they believe in it and they make a policy statement, and then it cascades down so that all employees understandably that this is what they're gonna do, and they are all committed to it, and it becomes a continuous improvement and evolving system. So it's not set in stone; it's something that continuously improves and involves.

0:21:13.6 Katie Berlin: That's super cool. Are there standards for psychological health and safety for workplaces in the US currently?

0:21:22.7 Coral Doherty: That is such a good question. It is a little bit of a wild card in the US.

0:21:30.4 Katie Berlin: That sounds about right.

[laughter]

0:21:33.6 Katie Berlin: Canada's got it together for years, and we are just doing whatever we want.

[chuckle]

0:21:39.5 Coral Doherty: You know what? We still have a long way to go here in Canada, but in the US, I've been doing a bit of research, and there are some resources and there are some early signs that there are going to be some standards, I guess, coming along that... There's actually a group that is trying to implement a Workplace Safety Act, and that has to do with psychological health and safety. It's quite a large movement, actually, and I'd like to see it get some ground. It had to do with a covert employee who was subjected to bully and harassment for, I think it was actually a short term, but it was bad enough that actually he felt so isolated, he felt so bad about himself, I think, and his heart hurt so much that he took his own life.

0:22:33.1 Coral Doherty: And that is not a choice; that is a psychological injury, that is the pain hurting so much that we just have to... Your physiological response is to end the pain. And I think that also leads into the conversation of stigma, why people don't wanna talk about it, is because people might think that it's a choice, but it's not a choice. It's actually your body turning on itself, almost like an auto-immune disease, really.

0:22:56.9 Coral Doherty: But yeah, so in the US, there's some early signs. Now, in the US, they understand, more so, the Americans understand ISO standards more than anyone else. And ISO has a new standard that just came out last July. Was it 2020, or 2021? It's the ISO45003. So, if a person

is familiar with the ISO standards, there was an earlier one for occupational health and safety that did not incorporate psychological health and safety, and this one is specific to psychological health and safety, so, the US is getting there.

0:23:37.4 Coral Doherty: But right now, there aren't any legislative practices that say employees should be protected from psychological harm. They are protected from physical harm right now in the US, but not psychological. Here in Canada, there is legislation in place, at varying provincial level, where cases of PTSD are actually covered by legislation that, "This is a due diligence, this is a duty of care of all employee employers here in Canada," they have to show a duty of care.

0:24:09.7 Coral Doherty: And in a court of law, you would have to show that you did try to protect your workers against either harassment, bullying, or psychological harm. The big one is harassment and bullying, that is for sure. Most employers understand that here, but they're not sure how to actually enforce it, and that's the nuance. And that's happening in every veterinary workplace, honestly, just because of the level of burnout and the miscommunications that we're seeing.

0:24:41.9 Katie Berlin: Well, yeah, and some of the bullying is from leadership. How does that fit in when the people who have to enforce the standard are the problem, which...

0:25:00.8 Coral Doherty: That's such a good question, because I've actually learned as I'm doing this more and more, that oftentimes people who are bullies, actually are psychologically injured. And they don't recognize it, they don't see it because they're so busy running from the pain, they're taking... Well, someone said to me, it's like a redirected aggression in a cat. [laughter] It's not.

0:25:22.3 Katie Berlin: Right? We understand that really well in animals. If we mistreat them, they're gonna act out.

0:25:27.6 Coral Doherty: Exactly. Yeah, yeah.

0:25:29.4 Katie Berlin: Yeah.

0:25:30.3 Coral Doherty: Yeah. So it's just a matter of reaching out and making them a part of this system. And like I mentioned, I know I can't reach everybody when it comes to standardization, and there are gonna be people that are not gonna embrace the standards because they're gonna wait till legislation enforces them to do it. They don't wanna pay a penalty for it, and maybe it seems like a lot of work. But you know what? It's not a lot of work; it's actually very, very small steps towards a better system. You don't have to make big changes all at once; in fact, most times they don't recommend that, it's not psychologically safe. [chuckle] So we do baby steps, maybe small, micro changes. Yeah.

0:26:10.2 Katie Berlin: Yeah. So, you had mentioned a little bit there about people who thought it was too much work or didn't really wanna buy into the idea that this is something that we need. I love what you said before about how we protect... We would never think of sending our people into take radiographs without their lead shields. And we know OSHA has these rules and we follow the rules. We will have to watch our OSHA training videos and we have the labels on everything about hazardous substances. And I think that makes perfect sense to me, but there are a fair number of people, I think, in veterinary medicine still, who believe that this is a soft science, and I'm making

air quotes, that the science here is about feelings.

0:27:01.3 Katie Berlin: And like even if we have evidence, we have evidence that people are feeling a certain way, and that makes it something that we... Like, why do we all of a sudden have to spend so much time keeping people from feeling bad? And I'm saying that to play devil's advocate because of... We've all been on Facebook. [laughter]

0:27:22.5 Coral Doherty: I know. I know. Oh, that's a good point, actually. I spoke to Clint LaVigne about that technology when it comes to psychological safety, and it was a real eye-opener because it made me realize that what he said is that everybody does have different social medias and there are algorithms that affect your reality, they affect your perception of what is real. So if you are feeling a certain way and you're doing a search on that, you'll see that feed come in. Like, I was curious about maybe getting a hot tub, now, I'm seeing all these hot tub deals come in my way. [chuckle]

0:27:55.2 Coral Doherty: So it does change your perception, and it does affect how people interact in the workplace. And there was something you said about people who think it's a soft, like a soft thing. And I think to myself, softness sometimes is actually a suppression of what you really wanna say. And we have tried being vulnerable and explaining what it is that we want, or how we feel or what we need, and we've been shut down, we've been hurt, and it hasn't been a good experience.

0:28:28.9 Coral Doherty: And so the muscle memory tells us we shouldn't be vulnerable; we should actually just kind of put up a shield, put up the brick wall and then just be tough. And that could manifest in other ways of forms of control because you don't have that feeling of control internally. And so, when we're told to play nice and that there's soft skills, to me, that actually says that we need a better way of communicating where there is less fear. We have to reduce the fear. And then I think to myself, "If we can't communicate, then how can we do the best for our patients?" And I know we always do do our best for our patients, but if we can't communicate properly and we need something specific and we're gonna be asked a question as to why we're requesting that, that becomes really uncomfortable. And that's where I think that question about soft skills come in.

0:29:23.6 Coral Doherty: The other thing about mental health metrics takes the soft skills away. If you find out that... Let's say your best friend came back to a work and said, "I was so stressed out, I'm so done with this. It's a really bad day, and it seems like it's never-ending," and you said, "You know what, let's just see how you're feeling. Let's do an assessment," and just say, "Are you burnt out, or is your resilience low?", and you do an assessment, you get a number, and you find out, "Oh my gosh, your resilience is actually super low. So no wonder you feel so crummy. You're not that you're burnt out at all because your burnout score doesn't show that, but it shows your resilience is really low, so let's do something to foster your resilience and that's gonna help you feel better." And so that takes a soft part out of it and gives us some hard numbers to work with.

0:30:09.5 Katie Berlin: Interesting. Oh, my gosh, there are so many different questions keep popping up into my head while you're talking that we can be move beyond...

0:30:17.5 Coral Doherty: [laughter] I love it. That's great.

0:30:17.5 Katie Berlin: We'll be talking all day if I ask them all. But we've talked...

0:30:23.8 Coral Doherty: I'm like a tap, you start asking this question, and it just keeps running out.

[laughter]

0:30:26.2 Coral Doherty: And I know it drives some people crazy, and... Anyways, I'm excited about it, obviously.

0:30:32.4 Katie Berlin: Yeah. Well, that's great. And we need people who are so excited about it and so persistent about, "This is gonna help us, this is what we need. Look at the evidence that says, this will help us." It's not just about ordering pizza once a week or putting a Keurig in the break room; it's about making it...

0:30:50.9 Coral Doherty: Yeah. No, totally. We have to do the work. When we're in a high-risk profession or mental health injuries. We have to do the work. We have, to as a profession, go shoulder to shoulder, employer to employee, and tackle this, because they are doing it already with first responders, paramedics, firefighters, and the military. They're using these tools successfully, and they're helping to protect their employees and their workers against psychological injuries, so we gotta catch up and we gotta get going on that stuff.

0:31:21.3 Katie Berlin: Yeah, for sure. So, question for you. There are many people listening to this podcast, I hope, that are not leaders by title in their practice, and they may not be able to make decisions. So I know standards for the profession would be wonderful, and it's gonna take a while for that to happen, but I hope that it does happen. But each individual practice can start fostering its own culture of psychological safety, but what can a person who's not in a leadership role within the practice do to start that ball rolling? I know some practices are very toxic, and that's probably not the place you're gonna make a huge difference from inside the team, but who knows? But if you're in a good practice where the intention is good and everybody's just really busy, and you wanna start this conversation, what can you do?

0:32:14.9 Coral Doherty: I think the best thing to do is have a party and form a joint health and safety committee.

0:32:22.3 Katie Berlin: I love that.

0:32:25.4 Coral Doherty: Yes, because it should be a really fun thing. It shouldn't be drudgery and work. It should be, "We are gonna take this on, we are gonna be positive about it," because it's easy to get turned around and feel really negative and let those negativity... And if you're gonna move forward, don't reflect back and try and undo the past. Just let it go and then move forward with some new policies and programs and some things you wanna work on. The first thing would be a code of ethics. You don't need leadership to tell you to form a code of ethics between each other, how you're gonna feel working with each other, what is acceptable behavior and what is actually unacceptable, and what are you gonna do to keep that person accountable to stay into the code of ethics. So if someone's having a bad day and they've broken the code of ethics and you know it, what are you allowed to say to that person?

0:33:18.2 Coral Doherty: Can you say, "You know what, Sue, you are making me laugh because

you're breaking a rule on the code of ethics," and then that's the permission, is that you can actually say that to Sue, and she will say, "Oh, I'm so sorry. You know what, Coral, you're right, I'm really sorry. I'm just having a bad day and I'm not feeling like myself today."

0:33:36.9 Coral Doherty: So then that empowers people that don't have power and authority to look after their own self and their group. If a person actually doesn't feel like they belong in the group, they need to protect themselves with mental health hygiene. Mental health hygiene is really just waking up every day and checking in with yourself, how are you feeling about going to work today, are you dreading it? Because if you're dreading it, you better reach out for that EAP. You need to call them, because if you're dreading going to work, you may actually be experiencing early signs of mental health and illness from injury. That is actually...

0:34:09.9 Coral Doherty: If you leave it alone and you hope it goes away, just don't ignore that, just call. I actually have this really great lady on the other end of my phone, her name is Iris, and if she hasn't heard from me for a while, because she sends me a little exercises to do, if she hasn't heard from me for a while and I haven't finished my exercises, she sends me a message and she says, "Hey, Coral, you gotta do these messages, these exercises."

0:34:33.6 Coral Doherty: And there's lots of apps that are there to help with these types of things. So, CBT, so cognitive behavioral therapy, actually can come free in an app. There's lots of them out there. There have been some studies to say which ones are better or which ones are not so good. But I'll tell you what, if you're not doing anything at all, just start doing something and create your own psychological safety bubble and look after your own mental health. You can't rescue and save everybody else, but you need to look after yourself.

0:35:02.1 Katie Berlin: So, note that Coral is not saying, "Just go do more yoga".

[laughter]

0:35:07.2 Katie Berlin: These are evidence-based practices that can help support your own mental health and well-being, even if you're not in an environment that is particularly supportive of it. So, it is an intersection of personal responsibility and organizational responsibility, right?

0:35:27.0 Coral Doherty: I love that. That is so true. That is exactly what it is. And the other thing that they can do is actually find some assessments. There are some burnout assessments, resilience assessments, there are the proQOL. They need to actually put a number on it, and they need... Because you see, the funny thing is, managers are really overwhelmed right now, because employees come to them and they say, "I have a problem," and the manager's like, "Well, what is it?" And the employee says, "Well, I don't know how. But I have a problem, so help me with it," [chuckle] hoping that the employer and the manager have the solutions.

0:35:58.2 Coral Doherty: But honestly they don't, because the employee doesn't know what's wrong. So if the employee could put their finger on that and do an assessment and say, "You know what, my burnout score's super high, my resilience is really low, and actually, when I look at my compassion satisfaction, it's really low. So I think I'm heading into compassion fatigue. I need to do something about that. And I need to reach out to the EAP, or do you have any more resources to help me with that?" That's what I'm talking about. That's the language we need to start learning. It's like you say, the intersection between how the employer and the employee can talk to each other

with a new language to determine better workplace efficiency and work design.

0:36:35.5 Katie Berlin: I love that. And we've had a couple of episodes on the podcast already where we've talked about this. We've talked about what resilience really means, we've talked about psychological safety before. We had a veterinarian and one of his team and a cognitive behavioral therapist who works with them come on and talk about what they've done to try to change the language, give themselves a common language, to talk to each other. So it really can be done, but...

0:37:03.8 Katie Berlin: And I just wanna say you've mentioned a lot of resources which are fantastic, and we'll link as many as we can in the show notes, so if you're listening, you're like, "What did she say?", look in the show notes 'cause we'll link a bunch of stuff like the proQOL assessment and some apps, if you have suggestions. The EAP that you keep mentioning is an employee assistance program, correct?

0:37:25.3 Coral Doherty: Yeah, thanks for mentioning that. Yes, that's what I'm talking about. Yeah, and I don't know what the numbers are out there, but I would love it if I could find out more of what the numbers are for each state. I don't know if there's a nationwide one or is it just each state, I don't know.

0:37:41.5 Katie Berlin: So yeah, the EAP, I believe, in the US is a benefit that your employer needs to elect to provide. So, if your employer has an EAP on their health plan or their benefits plan, then you have access to it. But a lot of people don't know about it. So an employee assistance program is basically you get to talk to somebody and you don't have to pay for it, and you get a certain number of sessions provided by... As one of your benefits from your employer, but many employers offer it and the employees don't know. And so they say, "Well, no one's using it, so I'm gonna stop offering it," but the employees don't know what it is. So, if you want to know if your employer offers an EAP, you should ask them, because in the US, it's not a guarantee. And in fact, that was another winning idea on the Veterinary Visionaries for which was a universal EAP.

0:38:28.7 Coral Doherty: That's right. So many good ideas. Yeah.

0:38:30.0 Katie Berlin: Yeah, that student who thought about that. So I think that's a fantastic idea. Everything costs money, but what could be more worth investment from our organizations and our governing bodies than this type of healthcare that will keep people in the field, keep people working and keep people healthy? Right now, we're bleeding people, so, we need all the help we can get.

0:38:57.3 Coral Doherty: Absolutely.

0:38:58.9 Katie Berlin: So, last question, before I let you go. We are talking about organizations having an obligation to support their teams in this way. In fact, I'm gonna read a quote that you included in your submission from Canada's National Psychological Health and Safety Standard, and it says, "Organizations are responsible for identifying hazards and minimizing the risks associated with them. The participation of workers in all stages of the process is critical to the success of managing psychosocial risks." So, if you had left out the word "psychosocial" at the end, this could be an OSHA statement, right? It could be like, "Everybody on the team has an obligation to not spill hazardous materials and leave them there," right?

0:39:42.9 Coral Doherty: Yeah. [laughter]

0:39:44.5 Katie Berlin: And you put the "psychosocial" in there and suddenly it's like, "Oh, the organization is obligated to do this, and they have to involve the workers in identifying and managing these risks." That, to me, feels like a paradigm shift in veterinary medicine. Would you agree?

0:40:01.6 Coral Doherty: It sure is.

0:40:02.5 Katie Berlin: Do you feel like that's gonna require a big change in the way we think?

0:40:04.6 Coral Doherty: Yeah, that's... Is it gonna require a big change in the way we think? It will be for some workplaces, but I think other workplaces who have realized that the workers actually have the answers and they empower the workers, the workers are ones that are going through those psychosocial hazards. Whatever level that you're working out in your organization, you have different psychosocial risks. And psychosocial risk just means how you feel in the social settings. Do you feel social belonging? Do you feel social isolation? Do you feel social anxiety? Do you feel social agitation? So it all has to do with how you feel as a person within a social setting. So your psychosocial risks may be different from one person to another, and for an employer to say, "Hey, you know what, I'm just gonna set this out and not ask you if this is good enough."

0:41:00.2 Coral Doherty: They may think that they're doing the best because they wanna not stress out the worker and ask more information, but actually, it will alleviate burnout, oddly enough, when you ask a worker to tell them what they could do to change the way that that person is working. That actually is one step of alleviating burnout. It's not a day off and it's not more yoga, and it's not a pizza party, so...

0:41:24.7 Katie Berlin: Yeah. [laughter] Those things are nice, but they're not gonna fix this problem. Yeah.

0:41:27.3 Coral Doherty: I know, I know. Yeah. For workplaces that already realize that work design is the problem, that'll be a huge paradigm shift. But for workplaces who realize that it's a workflow design issue, it should be actually a walk in the park, it should be like a baby step towards psychosocial safety management, really, is what it is. It's a continual improvement that's never set in stone. It's always, "Is this working? Okay, it's not working, we gotta change or improve it. Is that working?" "No," "Okay, well, that is working, let's just stick with that," and then continually checking every six months, every one year. And whenever there's a new team member that joins, we have to re-establish, what's the code of ethics? What's the cultural norms? How do we treat each other? Because it's like making a cake. If you put too much salt in, it's not gonna taste good. So even though it's just one ingredient, we have to adjust it. Yeah.

0:42:22.9 Coral Doherty: Yeah. So smart. And with the right standards, we should be able to help both large and small organizations take on this challenge, because like you said, the workers are the key, so the teams are the key, and they'll tell you what in that particular workplace with that particular team is gonna be important, is gonna be most important.

0:42:47.2 Coral Doherty: Yeah. I think it's just practice vulnerability for these workplaces who have never done a paradigm shift, do a baby step, just try something really small, and yeah, just try it. You just don't know what's gonna happen, so try it.

0:43:02.3 Katie Berlin: You don't know.

0:43:02.9 Coral Doherty: Yeah.

0:43:03.3 Katie Berlin: Yeah. Coral, thank you so much. Like I said, I have so many more questions I hope I can ask you one day, but not today. [laughter]

0:43:11.5 Coral Doherty: I know. That'll be okay. Yeah, I know, but...

0:43:14.8 Katie Berlin: But this is such an important field, and there are people in the US, too, who are talking about this now, and I know that you've been working with them because they're using Canada standard as a model for what they want to help build here. And so I really feel like it's a fantastic path and one that can win over some of the doubters just because of how evidence-based it is and how much it has helped in other places.

0:43:40.9 Coral Doherty: That's for sure.

0:43:42.2 Katie Berlin: So, thank you so much for spending so much time with us...

0:43:45.3 Coral Doherty: You're welcome.

0:43:45.9 Katie Berlin: And for submitting to Veterinary Visionaries, it's like...

0:43:47.0 Coral Doherty: Yeah, well, thanks for the encouragement from Garth Jordan too, that the energy and enthusiasm we put into it, the encouragement to submit. And also I'll be going over in more depth what those psychosocial factors are in Miami on September 23rd at the Gulf-Atlantic Veterinary Conference. So if anybody's curious and wants to know more, that's where I'll be. [chuckle]

0:44:08.8 Katie Berlin: Awesome. Coral, thank you. And we'll put all those links that we can into the show notes so you can look up some of the resources that Coral mentioned. But this has been a pleasure and I hope we get to talk again because you're doing amazing things for the field.

0:44:22.9 Coral Doherty: Thanks so much for asking me to come on talk. Like I say, I'm just like a tap, so I think I'll have to regulate myself.

[laughter]

0:44:29.9 Katie Berlin: Don't regulate too much, okay?

0:44:31.6 Coral Doherty: Okay.

0:44:32.8 Katie Berlin: Alright, thank you.

0:44:33.9 Coral Doherty: Thanks for inviting me.

0:44:35.8 Katie Berlin: And thanks to all of you for listening. We'll catch you next time on Central

Line.