

Psychological Safety in Healthcare

With Tom Geraghty

Episode 94

Read the show notes or listen to the episode: TheHealthcareLeadershipExperience.com

Tom (00:00):

Fundamentally, psychological safety is kind of a values-driven exercise in that everyone should feel psychologically safe, not just those for whom they feel naturally safer in groups, or the risk is lower. For some people for speaking up in a group, simply the stakes are higher than others. Often those stakes tend to be aligned with things like race or gender or sexuality or socioeconomic background. And so we have to recognize that and do what we can to make sure everyone feels psychologically safe, and everyone is included. In fact, that is inclusion.

Introduction (00:33):

Welcome to the Healthcare Leadership Experience Podcast, hosted by Lisa Miller and Jim Cagliostro.

Lisa is the founder of VIE Healthcare Consulting and now Managing Director at SpendMend. Lisa and her team has generated over \$1 billion in financial improvements for VIE's clients since 1999.

Since 2007, Jim has been a registered nurse working in critical care, perioperative services and outpatient settings at nationally recognized medical facilities across three states.

You'll hear conversations on relevant and trending topics in healthcare and much more. Now, here's your hosts, Lisa and Jim.

Jim (01:13):

Hi, this is Jim Cagliostro and you're listening to the Healthcare Leadership Experience. Today's guest is Tom Geraghty, the founder and CEO of Iterum Limited, a firm specializing in fostering greater psychological safety and teams and organizations, where he combines his extensive experience in ecological research and C-level technology roles to help clients create safer, higher performing and more inclusive workplaces.

Jim (01:39):

Today, I'm looking forward to speaking with Tom about psychological safety. Its role, its significance, really. I think he's going to share the necessity of psychological safety in healthy teams and organizations. So Tom, welcome and thank you for joining us today.

Tom (01:53):

Thank you so much, Jim. It's great to be here.

Jim (01:55):

I like to jump off right away and just ask you to tell us a little bit about your journey. What has prepared you for, and even what inspired you to really narrow in on this issue of psychological safety?

Tom (02:07):

Yeah, thanks, Jim. So I think this is the origin story, isn't it? So essentially at a young age, I was diagnosed with dyspraxia, and that manifested in a few different things, including some clumsiness and trouble with coordination, but also trouble with speaking and in a couple of different ways, actually. One, the actual verbal articulation of sounds, phonemes pronouncing certain letters and words.

Tom (02:33):

And the other was maybe because of that fear or anxiety or nervousness or sometimes inability to work out what I wanted to say and how I wanted to say it. And that carried on. Also, I had speech therapy until about the age of

eight or so, and then later on.... So at that point I could speak relatively well as well as any other kid. And then later on in my early teenage years, developed a stutter as loads of kids do at that age, particularly boys, I think.

Tom (03:01):

And then for me, that was a really big deal. It really felt like I'd been suddenly, I'd only really been able to talk for a few years. And so that set me back and that hit me quite hard. But I worked out some strategies to get over it, including some singing lessons and changing the word in which I started sentences with. So I would start sentences with, "So" because it's easier to start a sentence with a soft consonant than it is a hard one. F was also a good, so I became a quite swearsy little child for a little while.

Tom (03:32):

And later on in life I now reflect on that. And I realize that that gave me quite a deep-seated appreciation for what it feels like to not be able to speak up, to not have the confidence or the ability even to speak up in a group and be afraid of how your voice was going to come across. Be afraid that you weren't even going to be able to say the thing, be afraid you might stutter or stumble or be prevented from speaking, or you might be humiliated for the way you spoke, or something like that.

Tom (04:06):

And that sort of, yeah, I felt that really viscerally and then started off career, as you said, in ecological research, and then moved into technology, began managing technology teams and engineering teams. And through that, I really felt a passion about creating the environments in which teams can thrive, high performing teams. And I think my ecological background that made me think about, "What's the substrate? What's going on underneath the team? What's the stuff that you can put underneath the team to help them thrive?"

Tom (04:37):

And then at some point during that process, maybe about a decade ago, I came across the term psychological safety. And for me, that was the light

bulb moment. That was the moment where, "Oh, this stuff, this stuff we've been trying to do, it has a name. It's a real thing that I've been trying to do." Yeah, that was my moment when I began to put everything together and give everything a hook to hang everything on. That was when I started doing talks and stuff.

Jim (05:04):

That's great. Again, for a lot of our guests, I love to hear that story because this isn't just a job for you. This is something you're passionate about. This is something, and I love how you shared that, okay, it's personal, but then it's like, "Oh, this is where my goal should be. This is where my work, this is what I'm called to." I love that.

Jim (05:21):

So I really want to kind of jump right into this psychological safety, and we can ask the first and most basic question, what is psychological safety and why does it matter? You mentioned about not just a healthy team. I forget the words you used, but effective that the best teams need that psychological safety.

Tom (05:38):

Yeah, yeah, exactly that. So psychological safety has been recognized across multiple studies, a vast array of studies as the foundation, the core necessary but not sufficient element for high performing teams. And it has got a long history. So it first emerged in the literature maybe in the 1950s or so, but it wasn't really until the 90s where Amy Edmondson was studying clinical teams, and she was looking at the mistakes that these teams made, and she was separating high performing and low performing clinical teams and looking at the dynamics between them.

Tom (06:10):

And she defined and codified psychological safety at that point in her research. That is to say psychological safety is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes. It's essentially a belief that the team is safe for interpersonal risk

taking. That means being able to ask questions, to be able to admit your mistakes and ask for help and all that other stuff. But it also means being able to do it in a way that is safe and works for you. So for example, if you have a stutter or a stammer, or if you have a tick, or if you communicate by a sign language or by a written format, that it's safe and okay to do so in the way that resonates and fits you.

Jim (06:56):

So Tom, can you give us a little history lesson? Is psychological safety a growing problem? Was there a time where it wasn't as much of an issue? What would you say makes it a priority today compared to let's say 10 or 20 years ago?

Tom (07:11):

I think this is a really interesting question because if you look back through the management and leadership literature and stuff like that, we can see through decades if not over a century of work that this sort of dynamic has been acknowledged, appreciated. It's been known for a long time, but probably ever since the Industrial Revolution and Taylorism and Fordism and everything else, but it only relatively recently got a name or at least got traction.

Tom (07:37):

So if you look at William Edwards Deming back in the 70s and 80s, one of his 14 points of management is drive out fear so that everyone may work effectively for the company. And then you've got other people, Mary Parker Follett, and other people saying similar sorts of things. So I think almost a more interesting question is why now? Where's the traction come from? It appears to have come of age and it's now a thing.

Tom (08:02):

So I think if you look back at domains like aviation, back in the 70s and 80s, aviation was probably one of the first industries to really recognize that as a result of analyzing disasters, they recognized that either poor communication or lack of communication or miscommunication was a

primary, if not the primary causal factor in loads of disasters, including things like the Tenerife air disaster and things like that.

Tom (08:25):

So aviation has got on board, if you like. Then with cockpit resource management turned into crew resource management, and then we skip forward to the nineties with Amy Edmondson's work. And then in 2013, Google Project Aristotle came up. So Julia Rosovsky's team did a bunch of research on teams inside Google and were able to show that psychological safety was the foundation for all high-performing teams in Google. That is to say that all high-performing teams possess high degrees of psychological safety and low-performing teams possessed low levels of psychological safety. So there's a clear correlation.

Tom (09:00):

What was interesting about that, and I think that really is the nub of it, because there'd been maybe 15 years or so of academic study and research into psychological safety, but it hadn't hit industry yet. And it was Google's Project Aristotle, because they were one of us, they're practitioners, the sharp end of work. That landed, that resonated, and it was that catalyst that then brought it out into the public.

Tom (09:27):

But then of course, we have everything else that happened with the world. Amy released her book in about 2018, and then the COVID pandemic and the world of work just completely changed for everyone. So you've kind of got this conflux of factors coming together with a topic, a field, a phenomenon that is of its time and the need for the growing recognition for psychological safety in various different contexts, in different environments. Different office environments, different workplace environments in healthcare, in technology, in manufacturing, in aviation, and everywhere else. So I think lots of things came together, really is my answer to that. There are lots of things came together, and so now we can finally start doing the proper work and finally start doing it.

Jim (10:16):

And really, the perfect storm in many ways, and especially obviously this is a healthcare leadership podcast, but in so many industries. In highly stressful work environments, there's a need to be high performing, especially when we talk about healthcare. But really any industry, it's like we want to be high performing, but in healthcare, we need to be high performing. And if it's not a psychologically safe environment, there's going to be issues that impact patient care and the finances and the efficiency and everything else.

Jim (10:46):

So I've read on your website, Tom, that focusing on psychological safety leads to more inclusive and higher performing workplaces. So you've touched on higher performing workplaces. How about that more inclusive? If we can talk just a minute about that, can you explain why that's the case maybe in a little more detail?

Tom (11:03):

Yeah, yeah, good question. So if we think about, I'm not setting a fact here, but it's my position, it's our position that a team or group is only as safe as the least safe person in the group. In a group of 10 people, you might have, say eight people, who feel really psychologically safe and feel safe to be able to suggest ideas and questions and ask for help, but two people in the group who don't for whatever reason. So it is our stance that that group is not what we would call a psychologically safe group. We need to identify what we need to do in order to bring those two people into and help them feel psychologically safe.

Tom (11:41):

And of course, what we also have to recognize is that we all come to our groups, to our dynamics with our backgrounds, our histories, our socioeconomic backgrounds, the baggage that we carry from previous employers, previous experiences, schooling, childhood, and everything else.

Tom (11:58):

And so fundamentally, psychological safety is kind of a values-driven exercise in that everyone should feel psychologically safe, not just those for whom they feel naturally safer in groups, or the risk is lower. For some people, for speaking up in a group, simply the stakes are higher than others. Often those stakes tend to be aligned with things like race or gender or sexuality or socioeconomic background. And so we have to recognize that and do what we can to make sure everyone feels psychologically safe, and everyone is included. In fact, that is inclusion.

Tom (12:34):

So we talk a lot about diversity on teams, diversity in organizations, but fundamentally, if we're not practicing, and psychological safety is about the practice of inclusion, if we're not practicing inclusion, then we might have diversity on paper, but we won't in reality. We might have a very diverse group of people who don't feel safe to suggest their ideas or ask for help or ask questions, and that's not true diversity. So I guess that's what I really mean by inclusion, and that's where we're coming from.

Jim (13:02):

And I think that's a great point because maybe from a leadership perspective or a C-suite perspective, it's like, you look around the room and visually, "Okay, we have great diversity and representation here", but is there actually an opportunity to speak into it? Is there really a voice for that person, or is it just like, "Okay, we're checking off a box"? So that's a great point.

Tom (13:23):

And I should say as well, because that also leans directly into high-performing teams, right? Because a high-performing team is one where we surface all the best ideas or we surface all the ideas, and the best ones come to the surface and get made into reality. And it's also the ones where people are safe to challenge some ideas or some ways of working if we think there's a problem with it or there's a risk to it.

Tom (13:45):

And of course, it's through those multitudes of diverse backgrounds and diverse experiences that we can surface that range of ideas and that range of challenges. And we've all seen many examples of flawed technology products into the marketplace that it turns out were built by homogenous groups of white guys in Silicon Valley who didn't, or something like that. And so diversity does lend towards performance, but only in environments of psychological safety.

Jim (14:14):

Great point. Absolutely.

Jim (14:16):

If you're just tuning in, you're listening to The Healthcare Leadership Experience, and I'm your host, Jim Cagliostro. This show is sponsored by VIE Healthcare Consulting, a SpendMend company, which provides leading-edge financial and operational consulting for hospitals, healthcare institutions, and other providers of patient care.

Since 1999, VIE has been a recognized leader in healthcare costs, hospital purchase services, healthcare benchmarking, supply chain management, and performance improvement. You can learn more about VIE Healthcare Consulting at VIEhealthcare.com.

Jim (14:47):

So Tom, let's speak specifically about healthcare. Do you see the healthcare setting as more of a challenge when it comes to psychological safety? What makes healthcare unique compared to other industries?

Tom (15:01):

Yeah, yeah. So I don't know if it's necessarily more of a challenge. It is in some ways, but less so in others. But it is certainly unique. It is certainly unique. In healthcare, we're dealing with grave consequences of failure, patient safety, patient outcomes, life and death situations where, as we were saying earlier, where if an anesthetist or a nurse in an operating theater it doesn't feel safe

to point out, "You've left something in the patient or that's the wrong leg", or there's some other concern, then that's going to result in a very bad outcome, which is not necessarily the case in other industries.

Tom (15:36):

There's also aspects of sheer demand on people's time, the cognitive load and the physical load and the time burden on people working in healthcare is great, is incredibly high. And what's it maybe even more challenging is that it can be unpredictably high and low.

Tom (15:58):

So we go through periods where it's incredibly busy and then maybe less busy later on. We don't necessarily have the luxury as other industries do. We don't necessarily have the luxury of managing how much work we're doing at any one time. And that can result in, as we often see, the patient outcomes are worse when those peaks of workload are at the highest because people are more likely to miss an important step in a process or misread a signal or misread an alarm.

Tom (16:26):

But it's those situations where we really need psychological safety because we really need for people to be able to ask for help or people to be able to say, "I'm really struggling. Maybe I need to take a break. I need to take five minutes or the next patient I see, that it might be a bad outcome for them." Or just ask for help with the process or operation or whatever it is you're doing or raise a concern about someone else or a process or patient.

Tom (16:51):

And so healthcare certainly has its unique dynamics, but that's not to say that we... And this is the same for all across industries. It's not to say that we can't learn from other industries. And this is what's exciting and interesting about my role because I work with aviation clients, I work with manufacturing clients, I work with healthcare clients and tech and all sorts of other things in between. And what's really interesting is that over the past century or so, these different industries have come up with some fantastic

ways to practice psychological safety, whether it's the Andon cord in Toyota or it's CRM in aviation and communication protocols, or whether it's Schwartz Rounds and after-action reviews in healthcare. And we can cross pollinate those learnings across domains. And that's what's so powerful and interesting.

Jim (17:43):

Listen, Tom, I'm going to jump in here and say you sound like someone who's worked in direct patient care, just the way you speak to that, I think that was so well said. Are you sure you haven't had that bedside experience?

Tom (17:54):

No, I have not.

Jim (17:55):

Like you said, we can learn so much from other industries, and that's something we've talked about at VIE, at SpendMend. We need to be learning, otherwise we get tunnel vision. It's sometimes good to bring in an outside perspective and say, "Hey, we've seen something similar to this and this is how we addressed it."

Jim (18:11):

So how does an organization, let's say a hospital or large health system, for example. How do they create, develop, and maintain psychological safety throughout the organization? Where do you start?

Tom (18:23):

Yes. This is the big question, isn't it? So I'm not even sure where to start because there's a few things we'd like to suggest, and we work with organizations to do. First of all, is that for the people at the sharp end, for the people at the sharp end of work, we need to talk about behaviors and practices. And we like to separate behaviors and practices. So practices might be things like after-action reviews, debriefs, Schwartz Rounds and things like that. Things that you can name and begin doing and get better at creating

feedback loops and things like that to continuously improve. And those practices and those rituals and those ceremonies, and whether creating team charters and social contracts, they can help foster and build psychological safety within our teams, within our organizations.

Tom (19:06):

There's also behaviors, and behaviors are the way we do things, those little interactions and the way we communicate, the way we work with each other. And that might mean improving the way we listen. So active listening. It might be non-violent communication. It might mean framing work in different ways. It might mean checking your body language and the way we communicate. All those sorts of micro dynamics and the way we interact with other people. So we can work on behaviors, we can work on practices, and we can do that at the sharp end of work.

Tom (19:39):

What we also need to do is speak to leadership and convince leadership that this is something worth doing. This is something worth putting effort into. And that means speaking the language of leadership. That means speaking to their desires, their goals, their objectives, and their fears as well. And in healthcare, the fears are patient deaths and poor patient outcomes and whatever that means for the organization. And in other organizations, they're not necessarily worried about failure. In a tech startup, for example, they're not really worried about things going wrong. What they're concerned with is rapid innovation and trying out new ideas quickly and seeing what works quick.

Tom (20:17):

But again, we can take that into healthcare, and we can put in practices to make sure that we are learning as much as possible from work. But so we've got both a... I don't really like to use a top and bottom analogies of organizations, but sometimes that's the only thing that really works. So yeah, we need to work with the top of organizations, the C-level, the leadership, and at the sharp end, the front end. And we also need to create communities, create communities of champions, communities of practice, where people

within an organization can come together, share best practice, share their learning, and drive this from the inside.

Tom (20:54):

One of our premises, in the way we work with organizations, we never want an organization to be beholden to us. We don't want to feel that anyone's committed to us. We want to make sure that we're creating situations where they can run with it and they've built the momentum themselves and they're training each other and they're learning from each other, and they've got communities of practice and enthusiasm to keep doing this and build that momentum inside. And that's when you get this flywheel effect of everyone getting on board. So yeah, there's a lot of things we can do. They're coming from different directions, different ways.

Jim (21:25):

And as you're describing that, the word "culture" comes to mind. For me at least, establishing that culture and buy-in. I think getting buy-in from top to bottom or the front end to the C-suite, however we describe it, where everybody says, "Okay, this is a part of who we are because it's so important. Because for the long term, we need to sustain. We need to be able to continue." Again, that high performing, whether it's healthcare or whatever industry, it needs to be a priority for everyone involved. You mentioned the word "community". I think that's huge.

Jim (21:56):

So if you can take us into a healthcare organization, maybe one that you've seen go from an extremely poor culture to one that drastically improved in the area of psychological safety, were there any key components to that type of change? Or is there any maybe one factor that you're like, "Hey, this was it, or this is where we saw effective change." And maybe it's different from one hospital or health system to the next, but any example that you could use to say, "Hey, we really saw this big shift"?

Tom (22:23):

Yeah, there's a number of examples. We work with a lot of healthcare organizations, but as expected, these things are quite slow burning. These organizations are huge. And you're talking about culture, culture doesn't change overnight. But there's at least one example I can draw on, which is a healthcare institution in Minnesota that we're working with. And we introduced the concept of the Andon cord from the Toyota production system. Are you familiar with this?

Jim (22:46):

Yes. But please, you can give a brief summary if you want, but yes.

Tom (22:49):

Yeah. So the Andon cord is a principle, a part of the Toyota production system that... We could do a whole podcast about this. But it essentially is a mechanism for someone who's working on the production line to pull a cord or pull a metaphorical cord nowadays and request help. Stop the line, stop work, request help, because either there's a problem to address, which indicates some upstream fault or some process issue or something else going wrong, or there's simply an opportunity for improvement that they need help with implementing and it's important to address right now.

Tom (23:24):

And there are a number of amazing things about the Andon cord. One is that whenever it gets pulled, people are thanked for doing so. And that's probably the most important part of the whole thing, because without being thanked for doing so, without that, because this takes away that interpersonal risk. Well, it doesn't take it away completely, but it mitigates it. So it means that it's a praiseworthy thing to do, and it gets embedded within the culture. And so every time you pull the cord, something gets improved, even if actually it was a false alarm. Because even if there was a false alarm, you're learning about the signals that created that false alarm. What do we need to do to make sure that's not again? Things like that.

Jim (24:03):

Great point. I love that. That's a great point.

Tom (24:05):

And it's fantastic. The Andon cord is such a powerful idea that almost every organization we work with adopts the Andon cord in some way, whether it's language or an actual tool or a real physical thing. And this hospital in Minnesota began to adopt the Andon cord simply as language, simply as like a meme in the organization. And they were able to say in their groups, whether they're in a meeting or in the hallway or in the operating theater, they're able to say, "Oh, I need to pull the Andon cord. I'm pulling the cord." And that almost creates, say, an explicit mechanism for psychological safety to exist, because you wouldn't have this phrase, you wouldn't have this term if you weren't meant to use it.

Tom (24:49):

And so people get praised for using it, and it results in improvement each time. And it means that people feel safe to say, "Oh, I need to pull the cord. I think you've missed something, or we've missed a step, or there's some other problem, or there's something we can make better." And that has resulted in this hospital in Minnesota in a dramatic change, in almost a cultural shift because it gave people an outlet, a mechanism by which to apply and create psychological safety in a kind of five-wheel effect. Because the more you do it, but the easier it gets, and the more other people begin to do it, and it becomes this snowball effect. And I'm just super pleased that that was... And that's an example from manufacturing. That's this cross-pollination at work.

Jim (25:31):

Yeah, you're reminding me of a sketch. It's a completely common thing, but they're on the bus and you pull the alarm to stop if there's any emergency. And you might know the one I'm referring to and he keeps pulling it, and he's interrupting the tour, but it's something minor. But obviously that's the comedy side of it. But I feel like as you're describing that, it gives everyone a voice. And that's the key. Everyone has an opportunity to speak up. And I'll just restate again, I love the fact that you brought up even a false alarm can

be a learning experience, it can be a growing experience, whatever it's for the individual, for the team. Hey, maybe someone else saw this and wasn't sure. So I love that it gives everyone a voice.

Jim 26:13):

I'd like to, Tom, really, we're out of time. I'm very interested in this topic, and it's been very educational for me. But I don't know if you can just leave our listeners, we always like to do this with any leadership advice? Anything that's sustained you, anything that you've learned in your work experience? That can apply directly to healthcare or beyond. Anything you'd like to leave our listeners with?

Tom (26:33):

Oh, good question. So I have a lot of little phrases and go-to things, but one of them, one our key ones, one of my key ones is "everything is an experiment". And this probably comes from my background in ecology and research, but we should stop framing work as purely an execution problem, purely a delivery problem and reframe work is a learning opportunity. All work, everything we do is a learning opportunity. No matter the risk of failure or the risk appetite. Even if we're carrying out something that simply has to succeed, there is always a risk that something could go wrong, but there's always going to be learning potential from doing the work. The outcome of work should be learning how to do it better next time. And if we reframe work like that, we're almost taking failure off the table because the only experiment that fails is the one we didn't learn from.

Jim (27:23):

Well said. That's wonderful Tom, thank you. Thank you for being on the show today, and thank you to our listeners who spent time with us. If you have any questions about VIE Healthcare Consulting, a SpendMend company, or if you want to reach out to me or at Lisa Miller, you can find us on LinkedIn. Tom is very active on LinkedIn. We'll include his link on the show notes here.

Jim (27:43):

We at SpendMend love helping hospitals save money and enhance the patient experience. And we are hoping that today's episode gave you some new insights or ideas to consider and use in your career and in your own healthcare organization.

Tom, once again, thank you so much. I really enjoyed the conversation.

Tom (27:59):

Thank you. That was fab. I really enjoyed that, Jim, thank you.

Announcer (28:03):

Thanks for listening to the Healthcare Leadership Experience Podcast. We hope you've enjoyed this episode. If you're interested in learning new strategies, best practices and ideas to utilize in your career and healthcare organization, check out our website at thehealthcareleadershipexperience.com. And oh yeah, don't forget to rate and review us and be sure to join Lisa and Jim next time on the Healthcare Leadership Experience Podcast.

Thanks again for listening.



MEET LISA MILLER

"It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999."

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through frontline insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book *The Entrepreneurial Hospital* is being published by Taylor Francis.



MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients.

LinkedIn:

<https://www.linkedin.com/in/jimcagliostro/>



MEET TOM GERAGHTY

Tom Geraghty, is the Founder and CEO of Iterum Limited. He is a seasoned professional with a diverse career journey, commenced his professional odyssey as an "Experimentalist." Transitioning from ecological research to the dynamic realm of technology, he discovered his true calling as a dedicated advocate for psychological safety.

Tom's unwavering commitment to fostering safe, inclusive, and high-performing teams led to the creation of psychsafety.com, a globally acclaimed platform offering premier resources, training, consultancy, and research in the realm of psychological safety.

LinkedIn: <https://www.linkedin.com/in/geraghtytom/>