



How to Set Up a Trust Challenge at Your Organization

A Guide to Sharing Local Practices That Instill Trust in Your Organization

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Introduction

In 2021, the American Board of Internal Medicine (ABIM) launched [Building Trust](#), an “initiative that promotes trustworthiness between systems and clinicians, clinicians and patients, and the communities they serve, by addressing the primary causes of mistrust and misinformation to improve clinicians’ ability to deliver high-quality care.”¹

Originally designed by ABIM as a competition and launched in 2019, the [Trust Practice Challenge](#) sought to “identify and promote existing practices that have helped build or rebuild trust in various aspects of the health care system.” The objective was to pinpoint solutions that could be replicated and scaled to other organizations. Teams were encouraged to think about specific actions or best practices that could increase the trustworthiness of their organization.

Parkland Health System, a large safety net hospital serving patients in Dallas County conducted an inaugural internal Building Trust Challenge from January to March 2020. The Center of Innovation and Value (CIVP) collaborated with the Patient Relations department to host the challenge.






Parkland’s focus areas are described in Table 1 and mirror the trust practice categories identified by the ABIM Trust Practice Challenge.² We followed a sequence of 5 steps during our Building Trust Challenge outlined in this resource.



PRO TIPS

- Leverage historical relationships to secure buy-in from key stakeholders to promote the Trust Challenge across the organization.
- Simplify the submission process for greater engagement with employees across the organization.
- Celebrate all submissions to highlight the initiative’s importance to all community members.

Table 1. Trust Practice Categories of the Inaugural Building Trust Challenge at Parkland Health²

	Communications/Knowing Your Patient Practices that emphasize communications tools, models, and channels for understanding the lived experience of patients, clinicians, and other health care providers
	Conversations/Support Practices that encourage trusting relationships and interactions through the ways in which those providing care and those receiving care engage with each other
	Leadership Practices that demonstrate, cultivate, and support efforts to nurture trust in clinical practice and relationships throughout the health care system
	Misinformation Practices that attempt to counter misinformation in health care and/or work to disseminate accurate information about medicine and health care
	Patient-centered design Practices that ensure consistency in clinical practice and focus on clinical practice approaches that position the varied interests/needs of patients as paramount
	Transparency Practices that reflect full disclosure of clinical and other information that would be important for good health care decision-making and effective health care delivery
	Value/Affordability Practices that promote awareness of and engagement involving the costs of health care and potential impact on patients and health systems

Steps to Set Up a Trust Challenge

1

Get leadership on board

Work with executive leadership to procure the resources required to implement a system-wide initiative. This includes survey development and deployment, marketing efforts to engage employees, and ways to celebrate submissions. Engaging key stakeholders to determine organization-specific priorities for the Trust Challenge is also important.

2

Assess the current state of trust in your organization

Develop an organization-specific survey asking employees about dimensions of trust.

Dimensions of trust that Parkland explored include³:

- **Competence**
Quality and safety of care at the organization
- **Environmental quality**
A safe, comfortable environment conducive to well-being
- **Fidelity**
Commitment of the hospital or health system to patients
- **Community integration**
Social support for patients and community connectedness
- **Equity**
Fair and equal treatment of all patients
- **Honesty**
Truthfulness
- **Confidentiality**
Proper use of sensitive information

Your organization may identify other dimensions of trust that matter to your employees or the patient community you serve.

Survey responses can then inform the overarching categories of trust to focus on when planning the submission process. At Parkland, overarching categories were Relationships Between Teams and Patients, Relationships Among Teams, and Relationships Between Teams and the Health System and/or Hospital.

3

Solicit submissions of current trust practices

Determine if physicians, all clinicians, or all care team members should participate. Then, ask those individuals from all departments or divisions within the organization to contribute.

Socialize the initiative throughout the organization using a variety of relevant platforms (ex., newsletter, leadership meetings, etc.) (Figure 1). Plan for outreach to continue over an extended period to raise awareness and encourage participation. At Parkland, email communication from the CEO at Parkland helped prioritize the initiative and demonstrated key executive-level support.

Create and share an online submission form based on the survey responses you gathered in the previous step (Figure 2).

Figure 1. Example of a Trust Challenge Call for Submissions in the Parkland Employee Newsletter



On the cover

Join the Building Trust Challenge

System-wide initiative to identify innovative, effective approaches to trust-building

The Parkland Center for Healthcare Innovation and Clinical Outcomes (PCHICOS) and Patient Experience are hosting a Building Trust challenge beginning Monday, Jan. 13, through Friday, Feb. 14. The goal of the Building Trust Challenge is to identify and promote existing practices that foster trust in healthcare practice. If your submission is selected, you will have the opportunity to present your practice to Parkland's executive leadership team and two special guests in the spring!


This challenge mirrors the American Board of Internal Medicine's inaugural Trust Practice Challenge, an initiative to identify and promote existing practices that have helped build or rebuild trust in various aspects of the health care system, with the goal of creating a collection of processes that can be replicated in other areas.

Submit your work to highlight building trust practices

To submit your trust practice, click the banner on the Parkland intranet homepage (<http://phhs.sharepoint.com>) or scan the QR code above, and share how you are building trust in your area.

Submissions will be judged by members of Parkland's executive leadership team as well as Parkland patients. Submissions will be evaluated on innovation, evidence that the practice builds trust and potential for scalability. The submission deadline is Feb. 14. Authors whose submissions are accepted for the challenge will be notified of acceptance by Friday, Feb. 28.

Figure 2. Example Online Trust Challenge Submission Form



What does TRUST mean to you?

This challenge mirrors the American Board of Internal Medicine's inaugural Trust Practice Challenge, an initiative to identify and promote existing practices that have helped build or rebuild trust in various aspects of the health care system, with the goal of creating a compendium of replicable and scalable measures.

* Required

1. What does TRUST mean to you? *

Enter your answer

2. Are you BUILDING TRUST in your area? *

Yes

No

Not Applicable

3. What area of the organization do you practice BUILDING TRUST? *

Enter your answer

4. Describe how you or your team's practice is BUILDING TRUST. (500 word limit) *

Enter your answer

5. How did this practice come to be? Was there a problem or opportunity it was addressing? (500 word limit) *

Enter your answer

6. What makes you believe this practice is building trust? If there is any evidence (quantitative and/or qualitative) the practice changes trust, please provide it. (500 word limit) *

Enter your answer

7. What dimension of trust does your practice fall under? Check all that apply *

These trust dimensions were identified as part of research conducted by America's Essential Hospitals and the Essential Hospitals Institute with funding from the Robert Wood Johnson Foundation.

Fidelity (commitment to patients)

Honesty (truthfulness)

Confidentiality (proper use of sensitive information)

Competence (quality and safety of care)

Equity (fair and equal treatment of patients)

Community Integrations (social support for patients and community connectedness)

Environmental Quality (safe and comfortable environment conducive to well-being)

8. What phase is your practice of BUILDING TRUST in? *

Pilot (Unit Implementation)

Department Implementation

Organization Implementation

Multi-Organization Implementation

9. Please enter in your email address so we may contact you. *

Enter your answer

Submit

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4

Judge submissions and celebrate employee engagement

Collect submissions and present them to a judging panel. Submissions could be evaluated against the rubric shown in Figure 3, adapted from what Parkland used for the Building Trust Challenge. At Parkland, the leaders of the Building Trust Challenge initiatives selected the top 10 submissions, then sent them to the executive leadership team, and finally asked national leaders to choose a winner.

Departments and care teams from across the Parkland system submitted their trust practices. Entries covered were broadly grouped into the 3 categories described in step 2, and covered various topics such as:

- Patient care and care delivery (ex., medication adherence, behavioral health services, HIV treatment, heart failure protocols)
- Nonclinical patient care (ex., a game closet in the Medicine Intensive Care Unit, [Annie's Place/Mommies in Need childcare](#))
- Schwartz Rounds
- Ethics
- Physician retreats and team building
- [The patient and family advisory council](#)
- Patient relations and patient rights

All submissions were celebrated, with special recognition for the top 3 submissions selected by executive leadership.

Figure 3. A Rubric for Evaluating Trust Challenge Submissions

Reviewer Name _____

Submitting Practice or Team _____

Submission Author(s) _____

For criteria 1 to 3, please provide a rating from 1 to 5 based on the following scale:

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

1 Quality of the Practice

The submitting practice demonstrates qualities likely to enhance trust in the targeted population or community.

Comments _____

Score (multiply by 2) _____

2 Skills and Competencies

Explicit skills and competencies listed the submission are likely to build trust.

Comments _____

Score _____

3 Scalability and Reproducibility

Given the information provided, the concept, model, or tactic described in the submission can be scaled or reproduced.

Comments _____

Score _____

TOTAL SCORE _____

Other comments (open-ended) _____

Announce the winner(s) and share trust practices across the health system

Compile submissions, announce winners, and disseminate this information across the organization in print and electronic formats. Parkland published a *Building Trust Challenge Compendium of Submissions* that described the initiative and collected all submissions in one place for others to replicate or implement in their setting. You might also consider celebrating teams for taking the time to report on their activities with a financial incentive or an recognition ceremony.

The winner of the 2020 Building Trust Challenge was the Addiction Psychiatry Service. Runners up received an Honorable Mention. The 2020 Honorable mentions were:

- **The Village Project** for their work to build trust with the community. Specifically, they created a culturally responsive effort to engage young Black men who have sex with men (BMSM) living with HIV in HIV care and behavioral health support
- **SPARKS** (Supporting Parkland Staff) for their work to build trust within the organization. SPARKS is a [peer support program](#) of 60 volunteers from various roles and locations within the hospital system trained in [psychological first aid](#)

Building Trust Success Story

Parkland Employees Can Turn to SPARKS for Compassionate Peer Support⁴

SPARKS (Supporting Parkland Staff) is a peer support program consisting of volunteer Parkland employees who receive training in [psychological first aid](#). Parkland SPARKS peer supporters provide confidential support to Parkland employees who experience a stressful patient-related event, including cumulative work stress or a specific patient situation. Event examples include workplace violence, medical errors, or sudden patient deaths. Unanticipated medical events can trigger second victim syndrome, where the person experiences prolonged negative impacts and distress that can interfere with their functioning at home and work.

Building trust is of utmost importance when an employee is vulnerable and seeking support from a peer. Before meeting with an employee, SPARKS peer supporters receive in-depth and ongoing training to ensure those reaching out receive confidential and unconditional support without judgment. Without trust, employees will not feel supported or utilize the program for future needs. SPARKS builds trust by teaching and nurturing competent, compassionate peer supporters.

Prior to the SPARKS program, Parkland employees could utilize other resources, including the Employee Assistance Program (EAP). According to the [Mental Health Commission of Canada](#), employees tend to reach out to peers rather than EAP because peer supporters inspire hope and demonstrate the possibility of recovery; there is value in the authenticity of the peer supporter.⁵ In a hospital-based peer support program, trust is implicitly built into the model, as the employees receive support from individuals also embedded in the organization. SPARKS builds trust by having peer supporters who can understand employee experiences at Parkland.

One of the features of SPARKS that contributed to its success is the enthusiastic peer supporters from all disciplines and roles. Approximately 60 trained SPARKS peer supporters from across the hospital system are involved. Employees have readily volunteered to be peer supporters, suggesting trust in the program's mission to "Provide timely support to employees who encounter stressful patient-related events."

SPARKS instills trust by demonstrating the utility, effectiveness, and need for peer support in the organization. Trust in the SPARKS program is also evident in the number of employees who have reached out for support in the initial launch year. In the first 10 months, 230 employees received peer support from SPARKS. These calls for support have come from employees, supervisors, and concerned peers. SPARKS has a significantly higher utilization rate than similar programs across the nation.

In summary, SPARKS builds trust with employees at all levels of the organization by effectively, compassionately, and intrinsically supporting each other.

How did this practice come to be?

A small group of Parkland leaders identified the intense need just before the Dallas Police shootings in July 2016. These leaders developed a proposal for funds from the Parkland Foundation's I Give Campaign, which employees donate to build the program. With the \$37,000 received from the Foundation, Parkland enlisted Johns Hopkins Resilience in Stressful Events (RISE) leaders and the Maryland Patient Safety Institute (MPSI)—successful pioneers in this field—to assist in [training and program development](#). In April 2017, Parkland held a 5-hour educational session led by the RISE and Maryland Patient Safety Institute leaders to educate executive nursing, physician leaders, and operational leaders on the need for building an internal program and how it could be modeled after the Hopkins RISE program.

In August 2017, the Parkland Foundation awarded funds to form a SPARKS executive team. The executive team worked with RISE and MPSI. Parkland executive leadership sponsored the program; with the support of the chief medical officer, chief nurse executive, and chief operating officer, an enterprise-wide campaign was launched to enhance employee knowledge of the new program. The program developed for employees through the funds of employees also launched a campaign to identify potential supporters. Criteria to be a SPARKS supporter included those who were interested in helping their peers but were also in good standing and approved by their leader. Two training sessions were held in March and September 2018 for approximately 60 SPARKS volunteers from all roles and across the health system. The interest and engagement were palpable, and the needs of staff were higher than initially anticipated. Data collected

through 2 separate culture of safety surveys identified the need for staff support. In February 2019, the SPARKS Peer Support Program was formally launched. A formal, dedicated program manager currently leads it. Two peer supporters are on call 24/7/365 with mentoring backup as needed.

The executive team and program manager developed procedures, training materials, marketing materials, and a voicemail box to ensure staff received the support they needed when needed. With 293 employees being supported by the program in its first year, it demonstrates the staff's trust in their peers to help them when in need.

What makes you believe this practice is building trust? What is the evidence (quantitative and/or qualitative)?

The SPARKS mission statement is “To provide all staff with proactive, consistent, non-judgmental support after stressful patient-related events.” Similar programs across the country may touch 2 to 6 employees every quarter. SPARKS data suggests a much broader reach and convincing evidence of success.

About the 42 encounters that took place over 12 months:

- 48% were called in by a supervisor concerned for the employee(s)
- 38% were employee self-referrals
- 50% occurred on Wednesdays and Thursdays
- 55% occurred between 10 a.m. and 2 p.m.

Triggering events were most likely related to an “other” category which consisted of increased or accumulated stress related to patient deaths on a unit, challenging patients, or unanticipated deaths of young patients. Workplace violence and unexpected patient outcomes were additional reasons for contracting a SPARKS peer supporter.

Second victim syndrome is also another reason for developing the SPARKS program. Second victim syndrome manifests when individuals involved in an unanticipated patient event become traumatized by that event. Frequently these individuals feel personally responsible for the adverse outcome. They feel they have failed the patient and second-guess their clinical skills and knowledge base.⁶ There were individual and group sessions for individuals who felt they were second victims. The average encounter length for these situations was 30 minutes.

Parkland shared practices and documents to help others build their program as part of the RISE consortium. During the annual retreat, SPARK received positive responses about the encounters and from the peer supporters. Participants noted that the program was greatly needed and that many wanted to participate. There is currently a waiting list to become a peer supporter! Engagement of peer supporters instills trust in one another and trust within the program and its leadership. This sense of trust cascades to the middle management, frontline care team, and others who have entrusted themselves to reach out for support.

What dimension of trust does your practice fall under?

Honesty, confidentiality, competence, environmental quality

What phase of building trust is your practice or group in?

Organizational implementation

References

1. Building trust: focusing on trust to improve health care. ABIM Foundation. Accessed March 7, 2023. <https://abimfoundation.org/what-we-do/rebuilding-trust-in-health-care>
2. Trust Practice Challenge compendium. ABIM Foundation. Accessed March 7, 2023. <https://abimfoundation.org/wp-content/uploads/2019/07/Trust-Practice-Challenge-Compendium.pdf>
3. Stephens J, Lambalot H, Ramiah K. Patient trust: a guide for essential hospitals. Essential Hospitals Institute. July 2020. Accessed March 7, 2023. https://essentialhospitals.org/wp-content/uploads/2020/08/20-057_AEH_Report5.26.pdf
4. Building Trust Challenge Compendium of Submissions, 2020. Parkland Health.
5. Cyr C, Mckee H, O'Hagan M, Priest R. Making the case for peer support. Mental Health Commission of Canada. September 2010. Updated July 2016. Accessed April 19, 2023. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2016-07/MHCC_Making_the_Case_for_Peer_Support_2016_Eng.pdf
6. Scott SD, Hirschinger LE, Cox KR, McCoig M, Brandt J, Hall LW. The natural history of recovery for the healthcare provider “second victim” after adverse patient events. *Qual Saf Health Care*. 2009;18(5):325-330. doi:[10.1136/qshc.2009.032870](https://doi.org/10.1136/qshc.2009.032870)

Further Reading

- Kornacki MJ, Silversin J, Chokshi DA. From distrust to building trust in clinician-organization relationships. *JAMA*. 2019;321(18):1761–1762. doi:[10.1001/jama.2018.22133](https://doi.org/10.1001/jama.2018.22133)
- Case study: Parkland Health & Hospital System. Building Trust, an initiative of the ABIM Foundation. December 2021. Accessed March 7, 2023. <https://buildingtrust.org/wp-content/uploads/2021/11/2c-Parkland-Case-Study.pdf>



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