

Department of Family Medicine

Policy Name:	Resident safety
Approved By:	Resident Program Committee (RPC)
Date Last reviewed:	September 7, 2023
Contact Department:	P/G Program Manager dfmpgmanager@uottawa.ca

The University of Ottawa Faculty of Medicine PGME(Post Graduate Medical Education) has a specific policy on resident safety, which can found here: <https://www.uottawa.ca/faculty-medicine/postgraduate-medical-education/policies>

All recommendations, principles and procedures outlined in the above policy are applicable to both core Family medicine and Enhanced Skills residents. This is supplementary in order to reflect our specific family medicine context.

As per the PGME policy, “The responsibility for promoting a culture and environment of safety for postgraduate trainees’ rests with the University, the Faculty of Medicine, program leadership, affiliated training sites, clinical departments, and trainees themselves. The concept of postgraduate trainee safety includes physical, psychological, and professional security. This central policy is augmented at the level of the Residency Program Committee (RPC) to respond to the program specific context.”

Given the context of the University of Ottawa Department of Family Medicine (DFM) postgraduate training program, as well as its distributed nature, below are key principles and recommendations:

Principles:

The FM program is committed to providing a safe, healthy learning environment for all trainees.

Resident safety is a priority for the program.

As a distributed program, there is a shared responsibility for resident safety between all of our various sites, and concerns can be managed locally with site directors and unit coordinators, centrally with the program director or education manager, or through PGME. In the event of any discrepancy between local policies and the central DFM policy, the DFM safety policy will be deferred to.

Procedures:

1. It is the responsibility of the trainee to report any safety concerns to the program and to comply with the outlined safety policy. It is the responsibility of the program to act promptly to address these concerns and provide a safe learning environment.
2. Reporting:
 - a. As per the PGME policy, any resident who identifies a threat to personal safety must report it to their immediate supervisor, preceptor, site director or unit coordinator, or the program director or education manager. If needed, a report can be made directly to the PGME office as well. It is the responsibility of the individual contacted to document the information, and ensure that action gets taken depending on the context, and according to the PGME policy on Safety.
 - b. If there are learning environment concerns, or unprofessional conduct, report can be made, anonymously, using the uOttawa Professionalism Reporting Tool: (<https://app.med.uottawa.ca/professionalism/>)

Physical Safety:

A: Relating to travel:

- i. When residents are traveling for clinical or other academic assignments by private vehicle, it is expected that they maintain their vehicle adequately and travel with appropriate supplies and contact information (as per PGME policy)
- ii. Residents are not to be on call the day before long distance travel for clinical or other academic assignments by car.
- iii. Residents are not to be expected to travel long distances during inclement weather for clinical or other academic assignments. If this does occur, trainees are to advise their site director, unit coordinator, or central program contact immediately.
- iv. Residents, when going to or from work or as part of their clinical duties, should assess the environment if walking alone, especially at night. Trainees are not expected to walk alone through areas they assess to be unsafe. If required, the trainee should request to be accompanied by the appropriate security service.
- v. It is expected that residents will arrange safe transportation home if they feel unduly fatigued after their duty hours

B: Relating to patient care:

- i: Residents are not to work alone after hours in health care or academic facilities (clinics or hospital) without accessible support from security services.
- ii: Residents are not to do home visits alone or be in a clinic setting seeing patients without a supervisor being present
- iii: Residents are not to assess potentially violent or psychotic patients without the backup of security, and an awareness of accessible exits.
- iv: The physical space requirements, including access to unimpeded exit door, for management of potentially violent patients must be available where appropriate

C: Relating to facilities in which learners train:

- i: As per PGME policy- there must be adequate call rooms and lounges, which must be clean, smoke-free, located in safe locations, and be equipped with adequate lighting, a functional bed, chair, desk and telephone. Fire alarms and smoke detectors must be in good working order and maintained appropriately. General facilities should also include washrooms and showers. Appliances supplied are to be in good working order. Daily linen services and housekeeping for bed-changing and room cleaning should be provided where appropriate. There must be adequate locks on doors to ensure security and privacy.
- ii: Residents must be aware of local safety procedures, such as WHIMIS (Workplace Hazardous Materials Information System)
- iii: Residents are expected to familiarize themselves with the location and services offered by the institution's Occupational Health and Safety Office, and PPE (Personal Protective Equipment) guidelines.

D. Relating to Personal Care:

- i: Residents must observe universal precautions and isolation procedures.
- ii: Residents must keep their required immunizations up to date, and report these to the Clinical Placement Risk Management Office at the Faculty Of Medicine without delay. The result in not keeping immunizations current is suspension from training and stoppage of pay.
- iii: As Per PGME policy, pregnant trainees are expected to be aware of specific risks to themselves and their fetus in the training environment and request accommodations where appropriate.

PSYCHOLOGICAL SAFETY:

1. As per the PGME policy, learning environments must be free from intimidation, harassment, discrimination and violence. See below policies for reference:
 - University of Ottawa Policy 67a — Prevention of Harassment and Discrimination
 - University of Ottawa Policy 67b - Prevention of Sexual Violence
 - University of Ottawa Policy 66 – Violence Prevention
 - University of Ottawa Policy 67 – Sexual Harassment
2. As per PGME policy, all residents have the right to work in an environment that is free from mistreatment and/or exclusion on the basis of any protected grounds as defined by the Ontario Human Rights Act (e.g. age, perceived race, ethnoreligious affiliation, gender identity, disability, sexual orientation, marital/family status). Principles of equity, diversity and inclusion must be adhered to in order to respect the rights, dignity and full participation of all postgraduate trainees within the Faculty of Medicine.
3. As per PGME policy, when a residents' performance is affected or threatened by poor health or psychological conditions, it is expected that the trainee will be granted a leave of absence and receive appropriate support. Such trainees are not to return to work until an appropriate assessor has declared them ready and appropriate accommodations are in place, if required.
4. As per PGME policy residents should be aware of and have easy access to the available sources of immediate and long-term help for psychological problems, substance abuse problems, harassment, and inequity issues. Resources include, but are not limited to, the OMA Physician Health Program, Faculty of Medicine Office of Faculty Wellness, uOttawa Human Rights Office, the Professional Association of Residents of Ontario and the Employee Assistance Program of the trainee's home/base hospital.

PROFESSIONAL SAFETY

1. As relates to religious accommodations
 - residents may experience conflicts between their ethical or religious beliefs and the training requirements and professional obligations of physicians. Resources are available to the residents and they are to speak to the unit director, site director, program director or education manager for support.
 - reasonable accommodations for religious holidays will be made
2. As relates to Fatigue Risk Management
 - Although it is understood that residents will need to work while fatigued to some degree, those residents identified as being excessively fatigued should not be given responsibility of critical tasks or should be asked to relinquish responsibility to someone capable of performing it. The trainee may be asked to take a break in order to reenergize before returning to duties.
 - Postgraduate trainees self-identifying as excessively fatigued, must inform the unit director, site director, program director or education manager for support in order to help mitigate the potential for unsafe patient care.
3. As relates to critical incidents
 - Residents providing after hours care or consultation must have adequate access to an appropriate supervisor. This is in hospital or in clinic. As required, this may include the timely attendance of the MRP to assist the trainee.
 - Residents must have adequate support from the program (the unit director, site director, program director or education manager) for support following an adverse event or critical incidents.
 - The DFM promotes a culture of safety in which residents are able to report and discuss adverse events, critical incidents, 'near misses', and patient safety concerns without fear of recrimination.
4. As relates to confidentiality
 - The DFM will securely hold confidential postgraduate trainees' personal information, including health information. Disclosure is appropriate where required for the purposes of facilitating required personal support of the trainee.
 - The DFM is aware and will comply with the *Freedom of Information and Protection of Privacy Act (FIPPA)* in relation to postgraduate trainee files.

- Resident evaluation information will be handled in a manner that ensures confidentiality unless the trainee explicitly consents otherwise. Disclosure may be required for the purposes of maintaining patient and workplace safety or in the support of the trainee in difficulty but should be limited to individuals providing ongoing educational guidance where possible.
 - In the case of a complaint against the trainee that must be dealt with due to its severity of threat to others, or in accordance with Bill 18 (Building Workplaces for a Stronger Economy (2014)), the program director of the DFM may be obliged to disclose information against the trainee's wishes. Depending on the nature of the complaint, the affiliated institution and/or the College of Physicians and Surgeons of Ontario may be involved. The program director will serve as a resource and an advocate for the postgraduate trainee during this process.
5. As relates to medicolegal protection
- All DFM residents must be members of the CMPA and follow CMPA recommendations in the case of real, threatened, or anticipated legal action.
 - In addition to CMPA coverage for patient actions, trainees are covered, either by the University itself or its insurer, for actions arising from their participation (acting reasonably) in university committees (e.g. tenure, appeals, residency training) on which they may serve.

References: University of Ottawa PGME policy on resident safety: <https://www.uottawa.ca/faculty-medicine/postgraduate-medical-education/policies>