

Appendix III

Sample Resident Safety Policy

University of Manitoba, Max Rady College of Medicine, Postgraduate Medical Education

Residency Program in: _____

1. BACKGROUND

The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada have collaborated in developing national standards for Residency programs. Regarding resident safety, Standard B1.3.9 states:

*3.9 The residency program committee **must** have a written policy governing resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (i.e. Medevac). The policy should allow resident discretion and judgment regarding their personal safety and ensure residents are appropriately supervised during all clinical encounters.*

*3.9.1 The policy **must** specifically include educational activities (e.g. identifying risk factors).*

*3.9.2 The program **must** have effective mechanisms in place to manage issues of perceived lack of resident safety.*

*3.9.3 Residents and College **must** be aware of the mechanisms to manage issues of perceived lack of resident safety.*

The PGME Program has established an overarching **CPGME Resident Safety Policy** applicable to all residency programs, for reporting and responding to specific safety issues, available on the PGME Program website:

http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

2. PURPOSES OF THIS POLICY

1. To augment the CPGME safety policy by identifying specific provisions to address safety concerns related to educational activities undertaken as part of the _____ residency program.
2. To describe the mechanisms in place at the program level for addressing, reporting, and/or reducing unsafe events and conditions
3. To establish that residents have the right to use their judgment when deciding if, when, where, and how to engage in clinical and/or educational experiences that they perceive to involve safety risks.

3. SCOPE AND RESPONSIBILITY

1. The University and all affiliated teaching sites as well as ambulatory, outpatient and private practice locales are accountable for the environmental, occupational, and personal health and safety of their employees.
2. Residents must adhere to the relevant health and safety policies and procedures of their current teaching site.
3. All teaching sites must meet the requirements of the PARIM collective agreement.
4. The _____ residency program is responsible for identifying and communicating foreseeable safety risks related to education carried out within the program, educating residents about risk minimization strategies, and for making decisions about educational experiences that take into account, among other things, the educational benefit relative to any safety risk.

4. POLICY STATEMENT

1. The _____ residency program formally acknowledges, endorses and agrees to adhere to the FPGME Resident Safety Policy.
2. Reporting of, and response to, all manner of incidents related to Environmental Health, Occupational Health, and Personal Health and Safety will be addressed as outlined in FPGME Resident Safety Policy.
3. The residency program requires residents to engage in the following specific situations that may pose a safety risk: (***select or add as necessary***)
 - house calls
 - work in isolated or poorly protected environments
 - exposure to potentially dangerous environments
 - exposure to potentially harmful bodily fluids
 - exposure to environmental hazards
 - encounters with potentially violent or aggressive patients
 - exposures to potentially dangerous equipment and/or high risk transportation
4. The program commits to providing residents with a full disclosure of foreseeable potential risks associated with these activities.
5. The program will ensure that residents receive education and preparation for these activities using best available evidence and practices AND assess residents for appropriate understanding PRIOR TO involvement in these activities.
6. Residents will not be required to see patients alone in any of the above situations if not appropriately supervised.
7. Residents must immediately notify their supervisor, clinical administrator, or more senior

resident of perceived safety concerns

8. Residents involved in safety-related events, or who have safety concerns, are encouraged to contact their Residency Program Director, the Associate Dean, PGME or the Associate Dean, Professionalism.
9. A resident should not encounter negative repercussions for decisions they made in good faith related to personal safety concerns.
10. The Residency Program Committee will review all concerns brought forth and take steps to minimize future risk.
11. At times, a resident may be called upon to respond to an acute situation involving a patient which poses a risk to the resident's personal safety and wellbeing. Residents are expected to consider the effect on themselves and the patient when deciding on a course of action. Every effort should be made to consult more experienced health care providers or staff and seek assistance, support or alternative courses of action. Ultimately, residents should use their best judgment when deciding if, when, where, and how to engage in clinical and/or educational experiences.
12. Should a resident fail to engage in such an experience (or engage in a manner other than what has been requested or previously expected of them) due to perceived safety concerns, the resident will report this to their site supervisor immediately AND to the residency program director at the earliest reasonable time.
13. Should a resident repeatedly fail to engage in an activity that can be reasonably considered part of their specialty practice, that is a mandated component of the residency training, and for which all means of risk reduction and education have been instituted by the program, the residency program committee will review the circumstances in the context of the general CanMEDS physician competency frameworks.
14. Disputes of decisions made by the residency program committee will be referred to the Associate Dean, PGME for discussion at the PGME Executive Committee.
15. Appeals of decisions will follow the usual Max Rady College of Medicine appeal process.