INTRODUCTION

1. The Postgraduate Medical Education (PGME) Office recognizes its role in providing postgraduate trainees with a safe environment during their training. The responsibility for promoting a culture and environment of safety for postgraduate trainees rests with the Faculty of Medicine, affiliated training sites, clinical departments, and trainees themselves. The concept of postgraduate trainee safety includes physical, emotional, and professional security. This policy may be augmented at the level of the Residency Program Committee (RPC) in response to the program specific context.

KEY RESPONSIBILITIES

2. For postgraduate trainees:
   • to provide information and communicate safety concerns to the program, and to comply with safety policies.

3. For residency training programs:
   • to act promptly to address identified safety concerns and incidents, and to be proactive in providing a safe learning environment.

Note: These policies apply only during postgraduate trainees’ activities that are related to the execution of training duties.

PHYSICAL SAFETY

4. When postgraduate trainees 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.

5. For long distance travel for clinical or other academic assignments, it is expected that postgraduate trainees will ensure that a colleague or the home program office is aware of their itinerary.

6. Postgraduate trainees are not to be on call the day before long distance travel for clinical or other academic assignments by car. When long distance travel is required in order to begin a new rotation, the trainee must request that they not
be on call on the last day of the preceding rotation. If this cannot be arranged then the trainee is to be provided with a designated travel day on the first day of the new rotation before the start of any clinical activities.

7. Postgraduate trainees are not to be expected to travel long distances during inclement weather for clinical or other academic assignments. If such weather prevents travel, the trainee is expected to contact the program office promptly. Assignment of an alternate activity is at the discretion of the Program Director.

8. Postgraduate trainees are not to work alone after hours in health care or academic facilities without adequate support from Protection Services.

9. Postgraduate trainees are not expected to make unaccompanied home visits unless they have had training relevant to the context.

10. Postgraduate trainees are not to communicate with patients or families using a method that discloses the trainee’s personal contact information.

11. Call rooms and lounges must provide trainees with a healthy and secure environment.

12. It is expected that postgraduate trainees will not walk alone for any major or unsafe distances at night.

13. It is expected that postgraduate trainees will arrange safe transportation home if they feel unduly fatigued after their duty hours.

14. Postgraduate trainees are not to assess potentially violent or psychotic patients without the backup of security, and an awareness of accessible exits.

15. The physical space requirements for management of violent patients must be provided where appropriate.

16. Special training must be provided to postgraduate trainees who are expected to encounter aggressive patients.

17. Site orientations must include a review of local safety procedures. As employees of the institution, postgraduate trainees must be aware of and follow the institution’s policies and procedures.

18. Postgraduate trainees are expected to familiarize themselves with the location and services offered by the institution’s Occupational Health and Safety Office. This includes familiarity with policies and procedures for infection control and
protocols following exposure to contaminated fluids, needle stick injuries, and reportable infectious diseases.

19. Postgraduate trainees must observe universal precautions and isolation procedures.

20. Postgraduate trainees must keep their required immunizations up to date. Overseas travel immunizations and advice should be sought well in advance when traveling abroad for electives or meetings.

21. Postgraduate trainees working in areas of high and long term exposure to toxic substances, including but not limited to chemotherapeutic agents, re-agent dyes etc., must follow the institutional safety policies.

22. Postgraduate trainees working in areas of high and long term exposure to radiation must follow radiation safety policies and minimize their exposure according to current guidelines.

23. Radiation protective garments, such as aprons, gloves and neck shields, must be used by all postgraduate trainees using fluoroscopic techniques.

24. 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

25. Learning environments must be free from intimidation, harassment, and discrimination.

26. When a postgraduate trainee’s 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.

27. It is expected that postgraduate trainees will 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, University of Ottawa Counseling Services and Sexual Harassment Office, the Faculty of Medicine Office of Faculty Wellness and PARO.
PROFESSIONAL SAFETY

28. Postgraduate trainees may experience conflicts between their ethical or religious beliefs and the training requirements and professional obligations of physicians. Resources are to be made available to residents to deal with such conflicts.

29. Programs must make reasonable accommodations for religious holidays.

30. Postgraduate trainees must have adequate support from the program following an adverse event or critical incident.

31. Programs must promote a culture of safety in which postgraduate trainees are able to report and discuss adverse events, critical incidents, ‘near misses’, and patient safety concerns without fear of recrimination.

32. Programs collect, and must responsibly and securely hold postgraduate trainees’ personal information and evaluations to maintain confidentiality. Disclosure is appropriate where required for the purposes of ongoing education and to facilitate and maintain patient and workplace safety.

33. Programs must be aware of and comply with the Freedom of Information and Protection of Privacy Act (FIPPA) in relation to postgraduate trainee files.

34. Postgraduate trainee feedback and complaints must be handled in a manner that ensures trainee anonymity, unless the trainee explicitly consents otherwise. However, in the case of a complaint that must be dealt with due to its severity or threat to others, a Program Director may be obliged to proceed against the complainant’s wishes. Depending on the nature of the complaint, the affiliated institution and/or the College of Physicians and Surgeons of Ontario may need to be informed and involved. In general, the Program Director should serve as a resource and advocate for the resident in the complaints process.

35. Residents must be members of the CMPA and follow CMPA recommendations in the case of real, threatened, or anticipated legal action.

36. In addition to CMPA coverage for patient actions, residents 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.

REVIEW
37. This Policy will be reviewed 1 year after adoption and every 3 years subsequently.

Faculty Advisory Board - March 27, 2012
Faculty Council - April 25, 2012
Executive Committee of the Senate - August 27, 2012
Revised and approved – PGEC April 23, 2014