**Appendix 3**

**Resident Safety Policy – XXX Residency Program**

**University of Manitoba Max Rady College of Medicine**

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| **XXX Residency Program Policy on Safety** | |
| **Approved (date)** |  |
| **Review date** |  |
| **Revised date** |  |
| **Approved by** |  |

**BACKGROUND**

The CanERA Standards of Accreditation for Institutions with Residency Programs and the CanERA Standards of Accreditation for Residency Programs requires that the safety and wellness of patients and residents are actively promoted. The concept of resident safety includes physical, emotional and professional security. These will be outlined in detail in this document.

The PGME Program has established an overarching **PGME Resident Safety Policy** applicable toall residency programs, for reporting and responding to specific safety issues, available on the PGME Policies Community in Entrada: <https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit>

**PURPOSES OF THIS POLICY**

1. To augment the PGME 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.

**SCOPE**This policy applies to all postgraduate trainees in the XXX program of the Max Rady College of Medicine for the duration of all activities associated with the performance of their trainee duties.

**KEY ROLES & RESPONSIBILITIES**

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.
5. The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residency program formally acknowledges, endorses and agrees to adhere to the FPGME Resident Safety Policy.

**PROCEDURE**

1. 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 PGME Resident Safety Policy.
2. 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
   * after hours consultations
   * 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
3. The program commits to providing residents with a full disclosure of foreseeable potential risks associated with such activities listed above.
4. The program will ensure that residents receive education and preparation for activities that may pose a safety risk using best available evidence and practices AND assess residents for appropriate understanding PRIOR TO involvement in these activities.
5. Residents will not be required to see patients alone in any of the above situations if not appropriately supervised.
6. Residents must immediately notify their supervisor, clinical administrator, or more senior resident of perceived safety concerns.
7. 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.
8. A resident will not encounter negative repercussions for decisions they made in good faith related to personal safety concerns.
9. The Residency Program Committee will review all concerns brought forth and take steps to minimize future risk.
10. 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.
11. Should a resident fail to engage in 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.
12. 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.
13. Disputes of decisions made by the residency program committee will be referred to the Associate Dean, PGME for discussion at the PGME Executive Committee.
14. Appeals of decisions will follow the usual Max Rady College of Medicine appeal process.