

Safety Policy

University of Toronto Cardiac Surgery Residency Program Resident Safety Policy

Background:

It is important that residents are able to work and learn within a safe environment throughout their residency training. This includes physical, emotional and professional safety in all areas in which a resident may be involved.

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. Standard B 1.3.9 states that:

“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 faculty must be aware of the mechanisms to manage issues of perceived lack of resident safety.”

The document, “University of Toronto, Faculty of Medicine, Postgraduate Medical Education Resident Health and Safety Guidelines” available at: <http://www.pgme.utoronto.ca/Assets/PGME+Digital+Assets/policies/Health+and+Safety+Guidelines.pdf?method=1> provides background to the relationship between the University and all clinical teaching sites with respect to resident safety. Procedures for reporting and responding to specific circumstances are contained in that document. The Cardiac Surgery residency program formally acknowledges, endorses and agrees to adhere to these guidelines.

Purposes of this Policy:

- To augment the above PGME guidelines by identifying program-specific safety risks
- To describe the mechanism in place at the program level for addressing, reporting, and/or reducing unsafe events and conditions
- 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

Responsibilities:

- The University and all (fully and partially) 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.

- Residents must:
 - adhere to the relevant health and safety policies and procedures of their current teaching site
 - provide information and communicate any concerns regarding safety to the program
 - comply with safety policies
- All teaching sites must meet the requirements of the PARO-OHA collective agreement.
- The Cardiac 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
 - making decisions about educational experiences that take into account, among other things, the educational benefit relative to any safety risk
 - actively encouraging a safe learning environment
- This policy outlines the provisions to address safety concerns related to educational activities undertaken as part of the Cardiac Surgery residency program
 - To address and identify safety concerns for residents within the program
 - Ensure that residents are aware of specific safety policies i.e. occupational health/fire training and that they are able to attend for training.

General Policy Statement:

- 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 the document, "University of Toronto, Faculty of Medicine, Postgraduate Medical Education Resident Health and Safety Guidelines."
- The Cardiac Surgery residency program requires residents to engage in the following specific situations that may pose a safety risk:
 - 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
- The program commits to providing residents with a full disclosure of foreseeable potential risks associated with these activities. 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.
- Residents will not be required to see patients alone in any of the above situations if not appropriately supervised.
- Residents must immediately notify their supervisor, clinical administrator, or more senior resident of perceived safety concerns
- It is recognized that, at times, a resident may be called upon to respond to an acute situation involving a patient that 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. 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.

Division of Cardiac Surgery

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- Residents involved in safety-related events or who have safety concerns are encouraged to contact the Office of Resident Wellness, PGME
- A resident should not encounter negative repercussions for decisions they made in good faith related to personal safety concerns.
- The residency program committee will review all concerns brought forth and take steps to minimize future risk.
- Should there be a situation in which a resident repeatedly fails 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 specialty-specific and general CanMEDS physician competency frameworks. Disputes or appeals of decisions made by the residency program committee will be referred to the Vice Dean or Associate Dean, PGME.

Specific Safety Policies:

Physical Safety:

- Site orientations should include review of local safety procedures
- Call rooms/lounges provided must be clean, smoke free, in safe locations with good lighting, phone, fire alarms and smoke detectors. There must be adequate locks on all doors.
- Residents must observe universal precautions and isolation procedures when indicated.
- Residents should be aware of services available by occupational health including familiarity with policies and procedures for infection control, needle stick injuries, and reportable infectious diseases.
- Residents should ensure that immunizations up to date
- Residents must follow radiation safety policies in all aspects of work and minimize exposure according to current guidelines.
- On call residents should have adequate support from security services
- Residents should not walk alone for any unsafe distances at night and are advised to contact security if they are concerned about returning to their vehicle after being called into the hospital at night.
- Residents should not access violent or psychotic patients without the backup of security and other health professionals.
- Pregnant residents should be aware of specific risks to themselves and their fetus in the training environment and request accommodations where indicated. The resident should inform the radiation safety officer as soon as she is aware that she is pregnant so that appropriate precautions can be taken.

Psychological Safety:

- Resident learning environments must be free from discrimination, intimidation and harassment
- Residents should have easy access and be aware of available sources of immediate and long term help for psychological problems, substance abuse problems, and harassment and inequity issues. Sources would include Resident Wellness Office at the Postgraduate Medical Education Office at University of Toronto.
- When a resident's performance is affected by health or psychological issues, the resident should receive appropriate support and be granted a leave of absence. The resident should be assessed by an appropriate physician prior to returning to work.

Professional Safety:

- Residents should have adequate support from the program following an adverse event or critical incident
- Program promotes a culture of safety in which residents are able to report and discuss adverse events, critical incidents, near misses, or patient safety concerns without fear of retribution.
- Residency program committee members must not divulge information regarding residents. It is the responsibility of the residency Program Director to make the decision and disclose information regarding residents (e.g., personal information or evaluations) outside of the residency program committee and to do so only when there is reasonable cause. The resident file is confidential.
- Residents must be members of CMPA and follow CMPA recommendations in case of real, threatened or anticipated legal action.
- In addition to CMPA coverage for patient actions, residents are indemnified for actions or lawsuits arising from actions or decisions made by committees (e.g. appeals, resident training) they may serve on, under the university insurance for lawsuits related to academic issues.
- Resident feedback and complaints must be handled in a manner that ensures residents anonymity, unless the resident explicitly consents otherwise. However in the case of a complaint that must be dealt with due to its severity or threat to other residents, a program director may be obliged to proceed against the complainants wishes. In this case the PGME office should be consulted immediately and appropriate authorities involved. In general, however, the program director should serve as a resource and advocate for the resident in the complaints process.
- Residents should not feel obligated to participate in a surgical or medical treatment that they feel is not in the best interests of the patient.
- Residents should not carry out procedures that they do not feel comfortable performing without adequate or direct support from a senior colleague or faculty.
- Some residents may experience conflicts between ethical or religious beliefs and training requirements and the professional obligations of physicians. Resources should be made available to residents to deal with such conflicts e.g. College of Physicians and Surgeons of Ontario, Postgraduate Medical Education Office, and hospital authorities.
- The Program is bound by PAIRO contract allowances for religious holidays.

Useful resources:

- CPSO - <http://www.cpso.on.ca>
- PARO – <http://www.myparo.ca>
- MPA – <http://www.cmpa-acpm.ca/cmpapd04/index.cfm>
- U of T PGME: <https://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>