

**Queen's University**  
**Geriatric Psychiatry Residency Training Program PGY-6/7 Year**

**Post-Graduate Trainee Safety Policy**

**INTRODUCTION**

The Geriatric Psychiatry subspecialty training program recognizes its role in providing postgraduate trainees with a safe environment during their training. The concept of postgraduate trainee safety includes physical, emotional, and professional security.

This policy has been augmented at the level of the Geriatric Psychiatry Residency Program Committee for program specific contexts.

The Geriatric Psychiatry residency program requires residents to engage in the following specific situations that may pose a safety risk:

- Outreach visits to patient's place of residence
- Travel during potentially inclement weather
- Work in isolated or poorly protected environments: e.g. rural outreach
- Exposure to potentially dangerous environments: e.g. facilities with potentially violent or aggressive patients
- Exposure to potentially harmful bodily fluids: e.g. in-patient units, long-term care homes

**PGY-4 and 5 residents**

Although training in the PGY-4 and -5 years is used towards requirements for the Geriatric Psychiatry Residency Training Program, these residents are not yet enrolled in the Geriatric Psychiatry Residency Training Program at Queen's University. Therefore, the safety policy of the Psychiatry Program they are training under applies for these residents. Additional safety concerns that may be specific to Geriatric Psychiatry rotations will be reviewed with these residents at the start of such a rotation.

**KEY RESPONSIBILITIES**

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**

1. Residents must adhere to the relevant health and safety policies and procedures of their current teaching site.

2. All teaching sites must meet the requirements of the PARO-CAHO collective agreement.
3. Travel by private car:
  - 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.
  - 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.
  - If Postgraduate trainees are in a rotation that requires call, they 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.
  - 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.
4. Postgraduate trainees are not expected to make unaccompanied home visits to an unknown environment. In our program, often a case manager completes the initial assessment before the resident or faculty see the patient in this setting. At times, the resident may accompany the case manager on this initial assessment. Although many visits occur with the supervising geriatric psychiatrist, the resident is not always accompanied with the supervising psychiatrist for the visit. A case manager/ geriatric psychiatry team member is almost always present for the visit. The aim of visits made without the direct presence of the geriatric psychiatrist is to promote graduated clinical responsibility in addition to team building collaboration with non-psychiatrist members of the team. However, the resident can request the presence of the supervisor psychiatrist. If the resident does not feel completely assured of safety, then they have the right to refuse the home visit. When there is doubt around safety about a home visit, the faculty supervisor will accompany the resident. No after-hours home visits will be made by the resident; in the case that they are necessary, they will be accompanied by a faculty supervisor. Very infrequently, a situation may arise where a resident would make a solo visit to a patient's house or long-term care facility. This would only occur in situations where the environment is familiar to the supervisor and had previously been visited by other members of the team. A solo visit would only be conducted with the explicit pre-agreement of the staff supervisor, who would verify that the level of risk for that particular environment is low, and that the environment is suitable for a solo visit.
5. Postgraduate trainees are not to communicate with patients or families using a method that discloses the trainee's personal contact information.

6. Postgraduate trainees will execute good judgement and seek out safe ways to commute after hours e.g.: being escorted to parking lots at night.
7. It is expected that postgraduate trainees will arrange safe transportation home if they feel unduly fatigued after their duty hours and ask for assistance if required.
8. It is recognized that, at times, Postgraduate trainees may be called upon to respond to an acute situation involving a patient who poses a risk to the trainee's personal safety and wellbeing, e.g. potentially violent or psychotic patients. 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 Postgraduate trainees 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 Postgraduate trainees will report this to their site supervisor immediately and to the residency program director at the earliest reasonable time.
  - Postgraduate trainees are not to assess without the backup of security, and an awareness of accessible exits.
  - Special training will be provided to postgraduate trainees who are expected to encounter aggressive patients if this had not been provided previously during their PGY-1 to -5 Psychiatry Residency training ( these could include non-crisis prevention intervention training, gentle persuasive approach)
9. Site orientations will 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.
10. 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.
11. Postgraduate trainees must observe universal precautions and isolation procedures.
12. 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.
13. Although the Geriatric Psychiatry residency program does not requires residents to engage in the specific situations where there is exposure to toxic substances and/or radiation, they may perform assessments on patients in areas were exposure may pose a safety risk (e.g. bodily fluids in long term care homes and inpatient units). Postgraduate trainees working in areas of high and/or long term exposure to:

- a. Toxic substances, including but not limited to chemotherapeutic agents, re-agent dyes etc., must follow the institutional safety policies.
  - b. Radiation must follow radiation safety policies and minimize their exposure according to current guidelines.
  - c. Hand hygiene, as well as contact precaution or other institutional requirements requirements, if applicable, specific to each patient
14. Pregnant trainees are expected to be aware of specific risks to themselves and their fetus in the training environment and request accommodations where appropriate.
15. Should there be a situation in which a Postgraduate trainee repeatedly fails to engage in an activity that can be reasonably considered part of their sub-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 subspecialty-specific and general CanMEDS physician competency frameworks. Disputes or appeals of decisions made by the residency program committee will be referred to the Associate Dean, PGME.

#### **PSYCHOLOGICAL SAFETY**

1. Learning environments must be free from intimidation, harassment, and discrimination.
2. The residents will be provided with a link to the Queen's University policy on Harassment, Intimidation, and Unprofessional Behaviour.
3. 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 amongst others. Resources include, but are not limited to, the OMA Physician Health Program, Queen's University Learner Wellness centre, and PARO 24-hour helpline.

#### **PROFESSIONAL SAFETY**

1. The program will make reasonable accommodations for religious holidays.
2. Trainees will have adequate support from the program following an adverse event or critical incident.
3. The Geriatric Psychiatric Residency Program at Queen's University will 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.
4. The program will 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.
5. Residents must be members of the CMPA and follow CMPA recommendations in the case of real, threatened, or anticipated legal action.

## **REVIEW**

This Policy will be reviewed at 1 year after adoption and at least every 3 years subsequently, or as required if concerns arise sooner.

**Last Reviewed: 12 December 2017**