

# **General Internal Medicine Training Program**

## **University of Toronto**

### **Resident Safety Policy**

The General Internal Medicine program within the Department of Medicine at the University of Toronto recognizes that residents have a right to a safe environment during their training. Safety relates to promotion and protection of residents' physical, psychological and professional well-being. This policy applies to all residents within the Core Internal Medicine Program who are based at and rotating through core training sites within the University of Toronto as well as to elective training sites.

#### **Responsibilities**

It is the responsibility of the Resident to:

- a. comply with this safety policy and with safety policies at each individual training site
- b. communicate without delay any concerns regarding resident safety to the attending physician, site coordinator, hospital administrator and/or the Residency Program Director
- c. provide input on safety issues through rotation evaluations, to the Site Director of the base hospital or the hospital in which the rotation has occurred and directly with Program Director.

It is the responsibility of the Residency Training Program to:

- a. encourage and facilitate an atmosphere that is safe for resident training
- b. anticipate and provide full disclosure of foreseeable potential risks to residents' personal safety
- c. address promptly all safety issues expressed by residents
- d. continually monitor adherence to this policy and update the policy as issues arise.
- e. provide each trainee with a copy of this policy
- f. provide all faculty with a copy of this policy and ensure that they understand its implications

#### **Safety Domains**

##### **1. Physical safety:**

The Internal Medicine program will encourage site orientations to include review of local safety procedures.

- a. Residents are required to keep all immunizations up to date in keeping with the policies of the university and the clinical site
  
- b. Residents must observe Infection Prevention and Control practices in place at clinical sites, at all times
  
- c. Residents should familiarize themselves with the location of the Occupational Health Office at the beginning of each rotation. Specifically the resident must be aware of protocols to deal with exposure to blood-borne pathogens isolation, needle stick injuries and other infectious diseases (see below for details)

- d. Call rooms and lounges provided for residents must be clean, smoke-free, located in safe locations, and have adequate lighting, a phone, fire alarms, and smoke detectors. Any appliances supplied are to be in good working order. There must be adequate locks on doors.
- e. If residents need to convert home call to “in-house” call, (due to patient related factors, weather conditions etc.) appropriate on-call facilities must be made available to them.
- f. Residents are not expected to walk outside at night while on call to parking lots or other hospital properties without security services.
- g. Residents are not expected to call patients without the ability to block their phone number.
- h. Residents are not expected to work alone in isolated areas of the hospital or clinical settings.
- i. Residents are not expected to make unaccompanied home visits.
- j. Residents should not be expected to deal with violent or aggressive patients without appropriate security services.

Relevant to the above:

*“It is recognized that, at times, a resident may be called upon to respond to an acute situation involving patient care 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 to 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 these clinical 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.”*  
*adapted from PGME Safety Policy template 2012*

- k. Residents are expected to follow Ontario laws with respect to use of electronic devices when driving.

## **2. Psychological safety**

- a. Residents are entitled to a training environment that is free of intimidation, harassment and discrimination.
- b. Residents should report any instances of abuse, intimidation, harassment or discrimination to the Program Director. In turn, this information will be handled confidentially by the program. Alternatively, concerns of this nature could be reported to the Office of Resident Wellness.
- c. Residents should be aware of and have easy access to help with health and psychological issues, substance abuse problems, and intimidation and harassment issues. Sources of support may include the Program Director, the Office of Resident Wellness, Postgraduate Medical Education, University of Toronto.
- d. When a resident’s work performance is affected by health or psychological conditions, appropriate supports should be provided at a Program, Department and University-level and a

leave of absence may be provided. The resident would only be allowed to return to work after approval from an appropriate physician;

**3. Professional work environment:**

a. The resident is entitled to a program that 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, punishment or ridicule.

b. Residents should have adequate support from the Program after adverse events or critical incidents.

c. All discussion about residents at the Residency Program Committee or and its subcommittees must be confidential. Committee members must not divulge information about individual residents.

d. The Program Director will only disclose information about residents outside of the Residency Program Committee when there is reasonable cause; the resident file is otherwise confidential. Access to the resident file is permitted only when written consent is provided by the resident.

e. The Program must handle complaints and feedback from residents in a confidential fashion. Occasionally a complaint may arise that is severe or may suggest a threat to others. In these situations, the Program Director may be obligated to deal with the threat against the wishes of the complainant. The Program Director will contact the Postgraduate Medical Education Office immediately for advice.

f. Residents will be members of the Canadian Medical Protective Association and follow recommendations in the case of any real, anticipated or threatened legal action.

g. Residents must use caution with respect to confidential personal and patient information, and exercise good judgment and professional behaviour when using social media. This includes following institutional policies with respect to encryption of electronic devices containing patient information.

h. Residents may experience conflicts between their religious and ethical beliefs and training requirements or their professional obligations as a physician. Residents should be aware of resources to help deal with these conflicts including hospital ethicists, the Postgraduate Medical Education Office, University of Toronto and the College of Physicians and Surgeons of Ontario;

*“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.” From PGME Safety Policy template 2012*

**Other Relevant Documents**

Hospital Specific Safety Policies – see Portal under each specific hospital

PGME Safety Policy

## **Occupational Health Contacts Core Internal Medicine Training Sites**

for Blood-borne pathogens exposures

### **University Health Network/Mount Sinai Hospital**

During working hours - report to Employee Health Services

After hours -report to the Emergency Department.

An initial assessment is done and if required, a 3-day supply of post-exposure prophylaxis is provided and a referral is sent to the Division of Infectious Diseases for follow-up.

#### Contact:

Maureen McWilliams

Occupational Health, 2Eaton-260, Toronto General Hospital

Tele: 416-340-8091

### **St. Michael's Hospital**

During working hours -report to Corporate Health and Safety Services (CHSS) ("Employee Health Unit")

After hours-report to the Emergency Department:

- prioritized at triage to be seen within 15 minutes (CTAS 2).
- assessment is done, treatment is given as required (5 days of post-exposure prophylaxis is provided), and follow-up is arranged. Follow-up may be with CHSS, family doctor, or ID clinic depending on patient preferences.

#### Contact:

Roohi Qureshi, MD, FRCPC

Occupational Medicine, Corporate Health and Safety Services -St. Michael's Hospital

Tele: 416-864-5074

### **Sunnybrook Health Sciences Centre**

During working hours -report to Employee Health Services

After hours -report to the Emergency Department.

At either location, an initial assessment is done and if required, a 3-day supply of post-exposure prophylaxis is provided and a referral is sent to the HIV Clinic for follow-up.

#### Contact:

Occupational Health - Sunnybrook Health Sciences Centre – Room HG-46

Tele: 416-480-4175