

SAFETY POLICY FOR RESIDENTS

Did you know? Your safety is very important to us!

CASE:

Kate is on her Emergency rotation in a rural community which is a 45 minute commute from her house. Today she is working a mid-night shift.

When she goes to start her car at 11pm, she notices the “check engine” light come on. She makes a mental note to bring her car in for servicing the next day. After pulling out onto the highway, she hears loud grinding noises coming from under the hood. After missing a shift last week due to strep throat, Kate feels she cannot miss another shift and continues down the highway, ignoring the sounds coming from the engine.

The UBC Faculty of Medicine and the Family Practice Residency Program have policies designed to protect residents if they feel at risk of harm.

Some common safety concerns residents may experience:

- Unsafe travel to and from training site/clinical rotation due to bad weather or excessive fatigue
- Exposure to infectious agents, bodily fluids, environmental toxins and radiation
- Risk of verbal, physical or sexual assault in the workplace from patients and/or colleagues
- Walking alone between hospital buildings or to your vehicle at night
- Unaccompanied house calls or working alone after hours
- Cultural safety issues



SUGGESTIONS WHEN A SAFETY ISSUE ARISES

- Immediately inform your supervisor
- Contact your Site Director
- Ask a trusted colleague for assistance
- Physician Health Program (1-800-663-6729)

OTHER RESOURCES

- Dial “O” for “911” for emergency services
- Keep a Roadside Assistance number in your cellphone
- Page Security Services through your hospital switchboard for nighttime walking

What can you do if you feel you are at risk of harm?

Residents must not suffer academic consequences for declining to participate in an activity they feel puts them at unacceptable risk of harm. Residents will still be required to meet the educational objectives through alternate educational activities. Residents are responsible for notifying the appropriate people in cases where clinical responsibilities cannot be met, such as due to bad weather or illness. If your personal safety is threatened, remove yourself from the situation and seek immediate assistance. Report the incident to your clinical supervisor and your Site Director.

Sometimes, situations where you may be at risk (such as travelling during periods of poor weather or after a busy night on call) can be anticipated and alternate arrangements can be made (such as plotting out a transit route or carpooling arrangement, or catching up on sleep in a call room before getting behind the wheel). Think about ways you can mitigate your risk before situations arise. Our capacity for good judgement may be impaired after a night on call. In these cases, call a friend or colleague who can offer you some objective advice on your planned course of action. Lastly, please safely manage your own illnesses - do not go to work when sick. Inform your supervisor immediately and, if necessary, seek prompt medical attention.

RESOURCES

1. Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry. http://ubcfamilymed-postgrad-intranet.ca/policies_and_guidelines1/program_policies/professional_standards/
2. University of British Columbia Post Graduate Medical Education, Policy on Safety of Medical Trainees. http://ubcfamilymed-postgrad-intranet.ca/policies_and_guidelines1/program_policies/safety_of_postgraduate_medical_trainees/
3. University of British Columbia Family Practice Residency Program, Policy on Resident Safety. http://ubcfamilymed-postgrad-intranet.ca/resilience/resident_affairs_and_wellness/resident_safety/

Active deliverables on Resident Safety:

Questions for REFLECTIVE DISCUSSION

Reflective discussion on Resident Safety issues should happen during academic or other appropriate time at each site. Here are some example discussion questions:

1. Have you as a resident been concerned about your safety at work or in your efforts to get to or from work?
2. What were the kinds of thoughts that came to your thinking?
3. What are the principles that you can use to make decisions around resident safety?
4. What are the activities of safety risk that you/we can discuss that are possible at this site?
5. What are program/site risk reduction strategies?
6. What are resident risk reduction strategies?

ADDITIONAL CASE for DISCUSSION

CASE

A resident is asked to see a patient in a poorly accessed and very private area of a long term care facility. The patient has significant cortical and functional impairment and is nonverbal. The LPN is someone you do not know and seems to be overly friendly and providing too much assistance and encouragement for this assessment. The resident is feeling uncomfortable with this setting for the examination.

QUESTIONS:

1. What risk concerns should this resident have about their safety?
2. What strategies might reduce the risks for everyone in this case?
3. What long term risk reduction approaches might be considered for this facility?

