

Trainee Psychological, Physical, Cultural and Professional Safety Policy

Program specific policy supplemental to [Queen's Postgraduate Medical Education Trainee Safety Policy](#).

Background:

Family Medicine residents, hereafter referred to as **trainees**, have the right to a healthy and safe learning environment during their training. A healthy and safe learning environment includes four key concepts: physical, psychological, cultural and professional safety. The responsibility for promoting and monitoring health and safety of the learning environment of trainees rests with the School of Medicine Postgraduate Medical Education Office (PGME), the program, the employer (KHSC or sponsors), sites, affiliated clinical training sites faculty and staff, and trainees themselves.

Trainees have dual roles as learners within the University and as clinical service providers. Trainees are either employees of Kingston Health Sciences Centre (KHSC) or sponsored by external funders or departments. Trainees learn and work in a variety of settings within their local home program environment and across a well-established regional network of learning sites. As such, there are a combination of policies and procedures that inform how training safety is managed.

Complimentary and Legislative Standards, Policies and Guiding Documents:

The PGME Trainee Safety Policy has been developed based on the standards and principles as outlined in the [General Standards of Accreditation for Institutions with Residency Programs and the General Standards of Accreditation for Residency Programs](#), [the Professional Association of Residents of Ontario \(PARO\)](#) and [the Ontario Teaching Hospitals \(OTH\)](#) collective agreement, the [Occupational Health and Safety Act \(OHSA\)](#), and Queen's University governing policies (e.g., [Environmental Health and Safety](#), [Queen's Policy Statement on Health and Safety](#)).

Definitions:

The Accreditation Standards for Residency Programs includes a glossary of terms. In this glossary of terms there are definitions for cultural safety, fatigue risk management, physical safety, professional safety, and psychological safety. Queen's PGME Office has added to these definitions to aid in understanding the implementation of this policy.

Cultural Safety: Is an outcome based on respectful engagement that recognizes and strives to address power imbalances, institutional discrimination, colonization and colonial relationships as they apply to healthcare and health education so that the providers can work to dismantle the inherent hierarchy. Culturally safe practices require critical thinking and self-reflection about inherent power privilege and racism in educational critical settings. It strives for an environment free of racism and discrimination where people feel safe both learning and working in a healthcare environment and when receiving healthcare themselves.

Fatigue Risk Management: Is a set of ongoing fatigue prevention practices, beliefs, and procedures integrated through all levels of an organization to monitor, assess, minimize the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve.

Physical Safety: Is safety against physical harm. It includes but is not limited to protection against biological risks such as immunization, radiation protection, respiratory protection, exposure to body fluids; it also includes protection against risks associated with physical spaces, with care provided during home visits, travel, and meetings with violent patients.

Professional Safety: Is safety against threats to professional status. It includes but is not limited to fair and transparent academic processes (e.g., equitable opportunities, fair assessment practices), protections from, and support in the setting of, allegations of malpractice, disclosure assistance, academic and professional record confidentiality as well as reporting procedures where confidentiality is assured and there are no reprisals.

Psychological Safety: Is safety from threats to psychological wellbeing. It includes but is not limited to prevention, protection and access to resources to counter the risks of psychological distress, intimidation and harassment, and educational supports to address situations causing impairment (e.g., fatigue, stress, alcohol or drug dependent).

Scope:

The Queen's Family Medicine Safety Policy applies to PGY1, PGY2 and PGY3 FM residents, working in an affiliate teaching site, academic centre, the community (home visits, long-term care, or clinic) or on placement where they are not the most responsible physician.

Purpose:

- 1) To augment the PGME Safety Policy by identifying specific provisions to address safety concerns related to educational activities undertaken as part of the Family Medicine training program.
- 2) To describe the mechanisms in place at the program level for teaching about, reporting, addressing, and/or reducing unsafe events and conditions. These mechanisms include: orientation to residency (including safety reporting), PARO guidance, direction to contact program director (PD) or assistant PD (APD) directly and immediately, how to complete SAFE reporting (KHSC) or SafetE-Net reporting (PCH).
- 3) To establish that trainees 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 and to report any concerns that have not been addressed adequately.
- 4) To define and articulate to trainees what is meant by psychological, physical, cultural and professional safety.
- 5) Note that other Queen's Postgraduate Medical Education departments may have department-specific safety policies that can be referred to for off-service rotations, ie Psychiatry, Emergency Medicine.

Responsibilities:

1. The Program:

- Is responsible for identifying and communicating foreseeable safety risks related to psychological, physical, cultural and professional safety carried out within the program, educating trainees about risk minimization strategies, and for making decisions about educational experiences that consider, among other things, the educational benefit relative to any safety risk.
- Creates policies and follows procedures to support psychological, physical, cultural and professional safety.
- Maintains an internal reporting mechanism for trainees to report on issues related to their psychological, physical and professional safety within the home program or at off-site locations.
 - Reporting of, and response to, all manner of incidents related to Environmental Health, Occupational Health, and Personal Health and Safety which will be addressed as outlined in PGME Safety Policy.
- Formally acknowledges, endorses and agrees to adhere to the PGME Safety Policy.
- Does require residents to engage in the following specific situations that may pose a safety risk:
 - House calls (home visits)
 - Exposure to potentially harmful bodily fluids (acute and chronic care procedures)

- Exposure to environmental hazards (home visits)
- Encounters with potentially violent or aggressive people (acute care settings, long term care settings, outpatient clinic settings)
- Commits to providing trainees with a full disclosure of foreseeable potential risks associated with these activities.
- Will ensure that trainees receive education and preparation for these activities using best available evidence and practices and assess trainees for appropriate understanding prior to involvement in these activities.
- Will not require trainees to see patients alone in any of the above situations if not appropriately supervised.
- Will not impose negative repercussions upon any trainee for decisions made in good faith related to concerns with their personal safety.
- Will review all concerns brought forth and take steps to minimize future risk.
- Is required to support the trainee and address accommodation requests where a trainee has identified a need for accommodation, as outlined in the [PGME Accommodations Policy](#).

2. Trainees:

- Must adhere to the relevant health and safety policies and procedures of their current teaching site.
- Must immediately notify their supervisor, clinical administrator, or more senior resident of perceived safety concerns.
- Are encouraged to contact their Program Director, Site Director, Assistant Site Director, Academic Advisor, the Associate Dean, PGME or the PGME Wellness Office if they are involved in a safety-related event or have safety concerns.
- If called upon to respond to an acute situation involving a patient which poses a risk to the trainee's personal safety and wellbeing, 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, trainees should use their best judgment when deciding if, when, where, and how to engage in clinical and/or educational experiences.
- Will, at the earliest reasonable time, report any failure 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.
 - Should a trainee repeatedly fail to engage in an activity that can be reasonably considered part of their scope of practice, that is a mandated component of the training, and for which all means of risk reduction and education have been instituted by the program, the program committee, or delegate, will review the circumstances and determine if a remediation or extension of training is required. Any appeal of this decision would follow the Appeal Process outlined in the [Assessment, Promotion and Appeals Policy](#).
- Who require accommodation should review the [PGME Accommodations Policy](#) and follow the appropriate procedures.

3. The hospital site/affiliated clinic and/or community teaching practice (hereafter referred to as Teaching Sites):

- Are accountable for the environmental, occupational, and personal health and safety of the trainees engaged in the provision of clinical care.
- Must provide an orientation to the learning and working environment including information relevant to occupational health.
- Must meet the requirements of the PARO collective agreement.
- Will share the reporting mechanism and process for workplace injuries.

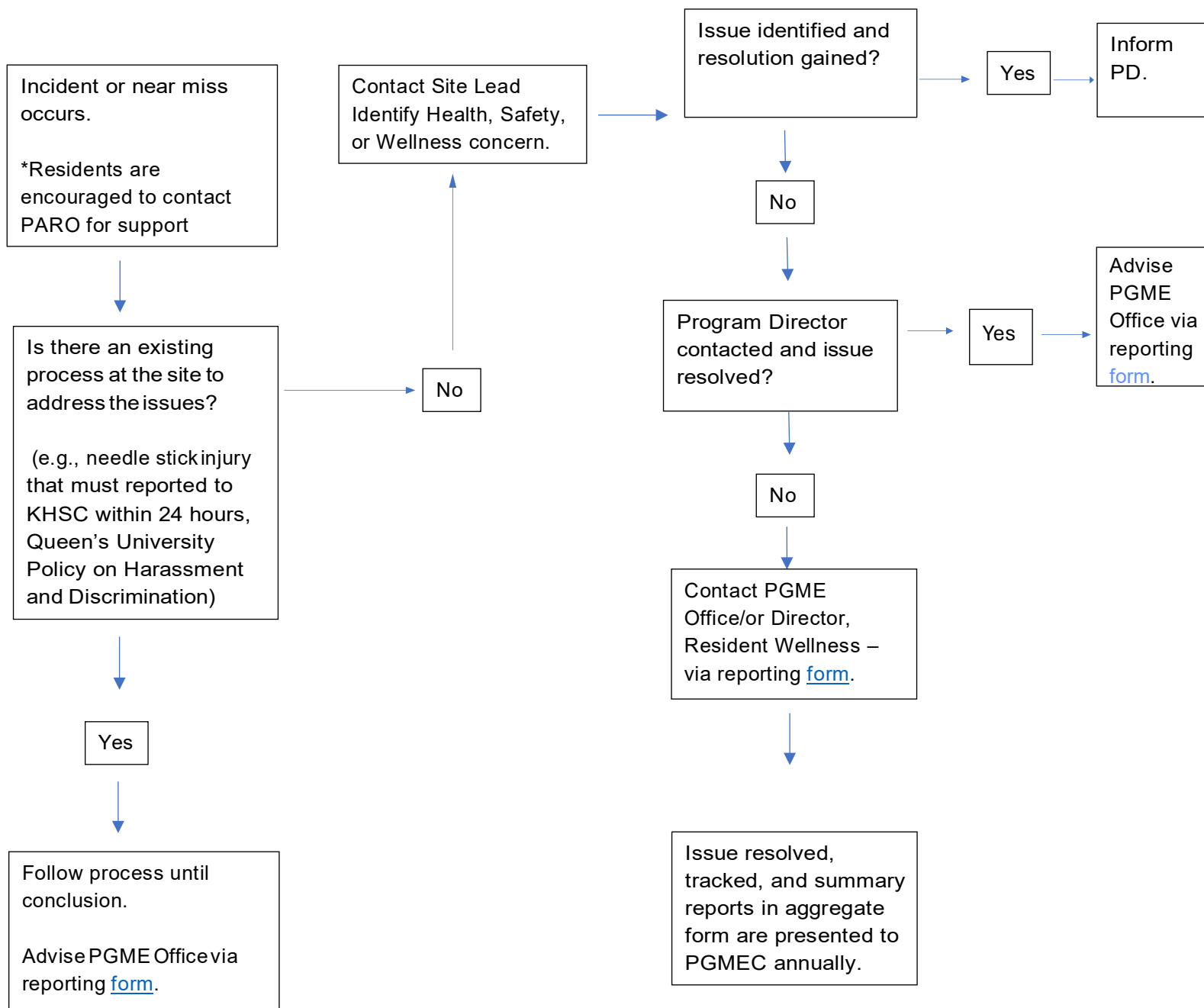
Additional Family Medicine Training Program Safety Policies:

1. **House Calls:** [2025_HouseCallPolicy](#)
2. **Travel Safety:** [2025_TravelSafetyPolicy](#)
3. **Violent or Threatening Patients:** [Queen's PGME Trainee Safety Policy](#)
4. **More information** regarding policies on Cultural, Psychological, Physical, and Professional Safety can be found in the PGME Trainee Safety Policy found in the [Queen's PGME Trainee Safety Policy](#)

Postgraduate Medical Education Safety Policy

Reporting Process

Reporting Procedures – The Program is responsible to complete the notification



Health and Safety Policy Reporting

The Program is responsible for completing the [reporting form](#).

Postgraduate Medical Education Health and Safety Reporting Process

