

UNIVERSITY OF CALGARY
PHYSICAL MEDICINE AND REHABILITATION RESIDENCY TRAINING PROGRAM
RESIDENT SAFETY POLICY

PREAMBLE

The PM&R residency training program recognizes that residents have the right to a safe, respectful, and supportive environment during their residency training. The responsibility for promoting a culture and environment of safety for residents rests with the Faculty of Medicine; Alberta Health Services authorities, clinical departments, and residents themselves. The concept of resident safety includes physical, emotional, and professional safety. This specific policy for the PM&R Residency Training Program is in alignment with the Professional Association of Resident Physicians of Alberta's Resident Physician Agreement from July 2024 onwards and with standards set forth by the Royal College of Physicians and Surgeons of Canada. This policy is in addition to the [policy document](#) from the University of Calgary Post-Graduate Medical Education (PGME) office.

KEY RESPONSIBILITIES:

For Residents

- To provide information and communicate safety concerns to the program and to comply with safety policies.

For Residency Training Programs

- To act promptly to address identified safety concerns and incidents and to be proactive in providing a safe learning environment.
 - To create an environment where sharing concerns is encouraged and to promote a just culture

I. PHYSICAL SAFETY

These policies apply only during residents' activities that are related to the execution of residency duties:

- For long distance travel for clinical or other academic assignments, residents should ensure that a colleague or the home residency office is aware of their itinerary. For the PM&R program this specifically applies to electives away, for OSCEs/Research day at University of Alberta, retreats, and conferences or review courses in Canada or abroad.
- Residents should not be on call the day before long distance travel by car for clinical or other academic assignments if traveling. When long distance travel is required at the beginning of a new rotation, the resident should request that they not be on call on the last day of the preceding rotation. If this cannot be arranged, then there should be designated travel time on the first day of the new rotation before the start of any clinical activities. For examinations, retreat or research day long distance travel, if the resident was on call the night before, then an alternate driver should be arranged if the call was onerous/ necessitated them working past midnight and/or they are fatigued.
- Residents should not drive home after call if they have not had adequate rest. Residents must rest after call if up most of the night, or feel excessive sleepiness/fatigue, before driving home. All residents have code and key access to the PM&R Resident room while on call.



- Resident's are encouraged to utilize PARA's Taxi Reimbursement Program to be re-imbursed for taxi, ride share, or public transit for transportation home, and if required, return to the facility after working an in-house or switched to in-house call shift.
- Residents are encouraged to take training in nonviolent crisis intervention techniques either arranged as a group by the PMR program or individually through Alberta Health Services resources. The patient groups most likely to be at risk of aggression include the brain injured population, or those with co-morbid mental illness, but may ultimately be from any patient population in rehabilitation. Residents can individually arrange for non-violent crisis intervention training through MyLearningLink or contacting the Learning Line at 1-877-315-0556 or learning@albertahealthservices.ca
- Residents are encouraged to report any situation where safety is threatened to immediate supervisor and or Program Director, to alert the supervisor if they felt at risk so that they can be monitored/contact Security for support
- Residents who experience workplace injuries or exposure incidents are entitled to occupational health services, medical leave, and incident review. Confidential follow-up support will be provided.
- Site/rotation orientations should include a review of local safety procedures.
- Residents should familiarize themselves with the location and services offered by the 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. These workplace health and safety policies and resources are reviewed at PGY-1 orientation at the start of the residency training program. Also, see resource list at the end of this document.
- Residents must observe universal precautions and isolation procedures when indicated.
- Residents should keep their immunizations up to date. Overseas travel immunizations and advice should be sought well in advance when traveling abroad for electives or meetings.
- Residents working in areas of high and long term exposure to radiation must follow radiation safety policies and minimize their exposure according to current guidelines. Radiation safety information and policies are included in the orientation materials when entering the PM&R program in PGY-1 and are relevant particularly for Orthopedics, Radiology and outpatient MSK Physiatry rotations. The information is also on the One45 system under "Fundamentals of radiation safety training materials, University of Calgary". [Additional resources can be found here.](#)
- Residents should consider ergonomic work stations

II. PSYCHOLOGICAL SAFETY

- Learning environments must be free from intimidation, harassment, and discrimination. In situations arising where a resident feels that they are the victim of intimidation, harassment, or discrimination, the resident is strongly encouraged to disclose and inform the physician who is supervising the resident, who can work with the resident in resolving the issues. In the situation where the resident feels it is the supervising physician who is the source of intimidation, harassment, or discrimination, the resident is strongly encouraged to disclose and inform the residency program director or the ombudsperson.
- When a resident's performance is affected or threatened by poor health or psychological conditions, the resident should be granted a leave of absence and receive appropriate support. Such residents should not return to work until an appropriate assessor has declared them ready.



- Residents should 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.
- Resources include the AMA Physician and Family Support Program, PGME Directors of Resident Support office, University of Calgary Counseling Services and Sexual Harassment Office, the Faculty of Medicine Office of Equity and Teacher Learner Relations, and PARA.
- Residents are asked to identify a [mentor](#) as early as possible in their training and to meet regularly and as required. The PM&R program has a mentor policy outlining the responsibilities and expectations of mentors, and also an [ombudsperson](#) as an additional resource.
- Bullying, harassment, microaggressions, or discriminatory behavior will not be tolerated.

III. PROFESSIONAL SAFETY

- Residents must receive supervision appropriate to their level of training and competency, and supervisors are responsible for ensuring clinical activities are within the resident's defined scope. Residents have the right to timely feedback, appeal mechanisms, and remediation processes that are clearly communicated and documented. All assessments will follow RCPC and PGME standards for transparency and objectivity.
- Some physicians may experience conflicts between their ethical or religious beliefs and the training requirements and professional obligations of physicians. Resources should be made available to residents to deal with such conflicts. Examples include the College of Physicians and Surgeons of Alberta, University of Calgary Faculty of Medicine, and AHS.
- Programs are bound by PARA contract allowances for religious holidays.
- Residents should have adequate support from the program following an adverse event or critical incident. The AMA's Physician and Family Support program provides resources and is available 24/7 (even if the resident is not a member of the AMA), and University student services are also available. Finally, there is also the Employee and Family Assistance program through Shepell.fgi as an AHS employee resource. This is listed on the internal website at <http://insite.albertahealthservices.ca/8609.asp>
- Programs should promote a culture of safety in which residents are able to report and discuss adverse events, critical incidents, 'near misses', and patient safety concerns without fear of punishment. The PM&R program has instituted Quality Improvement rounds quarterly and a Patient Safety committee meets regularly to promote a just culture and review/address issues that arise. PGY-3 residents are representatives on the committee for a one-year term as part of their lead resident responsibilities
- Resident safety issues are a standing agenda item for RPC. Residency program committee members must not divulge information regarding residents. It is the responsibility of the residency Program Directors to make the decision and to disclose information regarding residents (e.g. personal information and evaluations) outside of the residency program committee and to do so only when there is reasonable cause. The resident file is confidential. The Program Administrator keeps files locked in their office, and former resident files are kept safely and confidentially by the PGME office/U of Calgary.
- With regard to resident files, programs must be aware of and comply with the Freedom of Information and Privacy (FOIP) Act. Programs can obtain guidance about FOIP issues from the UCalgary Access and Privacy Coordinator. Contact information is found on the UofC Secretariat's webpage.



- In addition to CMPA coverage for patient actions, residents are indemnified for actions or lawsuits arising from the actions or decisions made by committees (e.g. tenure, appeals, residency training) they may serve on, under the university insurance for lawsuits related to academic issues.

IV. Cultural Safety and Anti-Racism

- The residency program is committed to fostering a culturally safe, inclusive, and respectful learning environment for all residents. Residents are provided with ongoing education and professional development opportunities related to Indigenous awareness, anti-racism, equity, diversity, inclusion, and accessibility (EDIA), and culturally sensitive patient care. These topics are integrated into the curriculum through Academic Half Days, departmental EDIA Grand Rounds, educational retreats, and other program learning activities to promote awareness, reflection, and culturally responsive practice.
- Residents who experience or observe concerns related to cultural safety, discrimination, racism, bias, or exclusion are encouraged to raise these concerns without fear of reprisal. Concerns may be brought forward through multiple transparent and accessible channels, including the Program Director, Resident Program Committee (RPC), PGME Ombudsperson, or faculty and staff representatives serving on the PGME Anti-Racism Task Force.
- Reports and concerns will be addressed respectfully, confidentially where appropriate, and in accordance with established PGME policies and processes, with the goal of ensuring a safe, supportive, and equitable training environment for all residents.

For additional resources, refer to the PGME Resident Safety Policy:

<http://cumming.ucalgary.ca/pgme/files/pgme/uofcpgmeresidentsafetypolicy.pdf>