



Resident Support for Serious Adverse Events in Training General Psychiatry Residency Program

Background

Training in psychiatry can entail stressful events that affect residents' professionally and personally. Recognized serious adverse events in psychiatric training include patient suicide and assault and/or threats made by patients, families, or hospital staff.

All Postgraduate (PG) Site Directors should be familiar with the General Psychiatry Residency Program's guidelines regarding responding proactively when residents have experienced serious adverse events in training. They should also be familiar with local hospital and University of Toronto Postgraduate Medical Education (UofT PGME) policies regarding such adverse events.

Locally and centrally, mechanisms for disseminating and implementing the guidelines should be iteratively reviewed to ensure that the guideline is consistently and routinely practiced and that residents are aware of supports available following serious adverse events.

The key goals of this guideline are to:

- Attend to resident wellbeing following adverse events during training in the short-term and educationally to prepare them to manage and seek support for such events in independent practice.
- Ensure there is a consistent, proactive, responsive, collaborative, and educationally meaningful system of support available to residents in the face of adverse events.
- Decrease stigma experienced around adverse events by facilitating broad-based support at the level of the hospital, residency program, and Temerty Faculty of Medicine (via PGME and OLA).

Key Stakeholders and Participants

- Resident Wellbeing Subcommittee
- Safety Subcommittee
- Postgraduate Education Site Directors, General Psychiatry Residency Program
- Psychiatrist-in-Chiefs/Heads (PIC/Hs)
- Chief Residents
- PRAT

Dissemination and Communication of Guidelines:

- 1) Chief Residents and PG Site Directors will discuss the residency program adverse events guidelines during local orientation proceedings prior to each resident rotation, including specific discussion of how to access hospital-based, residency program, UofT PGME and Office of Learner Affairs (OLA) supports available if an adverse event occurs.
- 2) The Department of Psychiatry will disseminate the policy at the beginning of the academic year for post-graduate trainees, the purpose of which is to coincide with and reinforce dissemination of information during local orientations.
- 3) PG Site Directors should educate all resident supervisors at their sites regarding the residency program guidelines regarding adverse events in psychiatric training, including supports available via OLA.
- 4) Residents should also be advised that while support regarding patient suicide may involve advice regarding accessing resources for medico-legal protection, review of adverse events in training is a matter of clinical support/training and an opportunity for learning and quality improvement rather than an assessment of the resident's clinical decision-making.
- 5) The guideline is also available online as a link on the Department of Psychiatry Postgraduate Education, General Psychiatry Residency Program website.

Response to patient assault/suicide:

When a serious adverse event occurs involving psychiatry residents/trainees, the supervising staff psychiatrist involved must report the event to the PG Site Director and Chief Resident(s) at the site where the adverse event occurred as soon as possible.

- 1) Communication - The resident's supervisor and PG Site Director or their delegate must collaboratively and promptly respond to support the resident(s) involved in the event. Individual sites may have/develop their own processes for responding to adverse events. At minimum, this response should involve communication with the resident to determine the nature of the serious event, its impact on the resident, the resident's need for support and the scope for prevention of such adverse events in future.
- 2) Educational Support - Depending on the event in question, the clinical debriefing issues as they relate to the patient's family or involved co-patients should be reviewed collaboratively with the resident's most direct clinical supervisor and if appropriate the PG Site Director and Psychiatrist-in-Chief/Head (PIC/H).
- 3) Hospital Quality and Safety Review - In situations involving an adverse patient outcome or hospital risk management involvement, the resident should be encouraged to seek support and advice (locally from the Most Responsible Physician [MRP], their supervisors, and the Site Director). Additionally, the resident should be advised of potential resources via the Canadian Medical Protective Association (CMPA). Any meetings for hospital-based reviews should involve resident support – from a psychiatry staff supervisor and/or Professional Association of Residents of Ontario (PARO) as per the resident's preference.

Occupational Health and Safety (hospital site) - In situations involving assault or threat to the resident, the resident should also be advised to consider the potential benefit of general medical care and/or police involvement. Where there is a potential workplace injury, residents

should be advised to connect with the hospital's Occupational Health and Safety Office (or equivalent as per hospital site). Any matters or claims related to the event involving the Workplace Safety and Insurance Board (WSIB) occurs at the hospital-level, with guidance/support educationally from the residency program and UofT PGME as needed. Hospital-based education and clinical leadership should refer to the UofT PGME's Postgraduate Trainee Health and Safety Guidelines for further details on procedures agreed upon at the Hospital University Education Committee (HUEC).

- 4) Short-term support - Supportive interventions should be available in the immediate and longer aftermath of a serious event with time taken to appropriately 'check-in' with the resident about adaptation to the event in question. An opportunity to meet with staff or peers with expertise in issues related to patient suicide and assault should also be offered to the resident if they are uncomfortable seeking support from their supervisor. If possible, residents should also be involved in any hospital-based debriefs; residents have described these as highly valuable learning experiences.
- 5) Delayed resident check-in - A check-in around resident well-being will be routinely undertaken 3-6 months after a serious adverse event by the Associate Program Director or Program Director. This responsibility may be delegated to another faculty member guided by resident preference. As with (5), the resident should be offered opportunity to meet with staff or peers with expertise in dealing with serious adverse events. The resident should also have the option not to participate in follow-up support.
- 6) Respect for resident preferences - All interventions should be provided with the appreciation that residents may differ widely in their wishes/needs for support (i.e.. "one size does not fit all"). One of the goals of this policy is to challenge stigma that exists around discussing adverse events in Psychiatry by facilitating supports and important discussions amongst colleagues, while also recognizing that discretion and sensitivity to preferences of those trainees involved is also essential.

Resident Wellness Supports

Temerty Faculty of Medicine – Office of Learner Affairs

<https://meded.temertymedicine.utoronto.ca/office-learner-affairs>

Resident Wellness Resources – General Psychiatry Residency Program

<https://psychiatry.utoronto.ca/resident-wellness>

Resident Advisors (for confidential advice/guidance) <https://psychiatry.utoronto.ca/resident-advisor>

References

UofT PGME Postgraduate Trainee Health and Safety Guidelines <https://pgme.utoronto.ca/about-pgme/policies-guidelines/>

CPSO Professional Responsibilities in Medical Education

<https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Medical-Education>

Created by: Associate Program Director with input from Resident Wellbeing and Safety Subcommittees

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