

Safety Subcommittee Terms of Reference General Psychiatry Residency Program (GPRP)

Purpose

The Safety Subcommittee (SC) promotes resident safety at all the GPRP's sites, aligned with Standards of Accreditation (see below) and in the spirit of continuous improvement in our working and learning environments in postgraduate education. The core mandate of the Safety SC is to ensure that training sites meet minimum requirements for safety in physical plant requirements. The Safety SC also oversees elements of the learning environment and learner experience through ensuring appropriate resident orientation to site-based resources, policies, and practices. Through review of the aforementioned elements of physical safety, clinical practices, learning environment and learner experience, the subcommittee may also gather data during regular site safety reviews relating to other components of safety including but not limited to: cultural, psychological, and professional safety alongside fatigue risk management strategies employed by the hospital site, especially during call duties/after-hours coverage of Psychiatry Emergency Services.

RCPSA Standards of Accreditation

<https://www.royalcollege.ca/en/standards-and-accreditation/information-by-discipline> > choose Psychiatry under Specialty > Standards of Accreditation for Residency Programs (AFTER July 1, 2020)

CanERA (Canadian Excellence in Residency Accreditation) <https://www.canera.ca/en>

Please see **STANDARD 5: Safety and wellness are promoted throughout the learning environment**

Key Definitions relating to Safety as per above Standard

Cultural safety

CanERA: *Cultural safety goes beyond cultural competence in improving Indigenous health; it analyzes power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health, care, and health education. Culturally safe practices require critical thinking and self-reflection about power, privilege, and racism in educational and clinical settings. It is the patient and student who define whether a culturally safe space is being created in a relationship.*

Learning and practice environments should recognize individual identities, differences and preferences, and strive to address inherent power imbalances, racism and discrimination in the health care system.

Cultural safety is intrinsically linked to how we provide care - Cultural safety is about the

experience of the patient. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Source BC First Nations Health Authority (2016). Creating a Climate for Change: Cultural Safety and Humility in Health Services for First Nations and Aboriginal Peoples in British Columbia)

Fatigue Risk Management

CanERA: A set of ongoing fatigue prevention practices, beliefs, and procedures integrated throughout all levels of an organization to monitor, assess, and minimize the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve (Fatigue Risk Management Task Force, 2018)

Physical Safety

Residents and physicians deserve to learn and work in environments that identify, minimize and mitigate harm, injury and illness, whether the threat is from a person, a substance or object, or from occupational practices.

Professional Safety

CanEra: *Includes protection from allegations of malpractice, insurance against medical malpractice suits, disclosure assistance, academic and professional record confidentiality, as well as reporting procedures where confidentiality is assured and there are no reprisals.*

Professional safety focuses on identifying, preventing, and mitigating hazards in the workplace to protect residents and ensure a safe and healthy learning and work environment.

Psychological Safety

CanERA: *Includes prevention, protection and access to resources to counter the risks of psychological distress, alcohol or drug dependence, intimidation or harassment.*

A climate of trust and respect in which people are comfortable working to their full scope of practice and potential, and hold the belief that teammates and leadership will support, and not embarrass or punish, a colleague for speaking up in the line of work

References/Resources

- <https://www.cma.ca/physician-wellness-hub/resources/physical-psychological-and-cultural-safety/promoting-psychological-safety-physicians>
- <https://www.cma.ca/physician-wellness-hub/physical-psychological-and-cultural-safety>
- <https://meded.temertymedicine.utoronto.ca/office-learner-affairs>

Membership

Minimum membership will include the following:

- Chair, Safety Subcommittee (Postgraduate Site Director, CAMH)
- Resident representatives (between 2-4) – resident representation should include
 - a Chief Resident at one of our core sites with call duties (CAMH, SHSC, SMH, UHN)
 - PRAT Executive member (e.g. Call Officer, PGY representative)
- Faculty members (between 2-4) from a variety of clinical settings including acute care and outpatient services in psychiatry from each of the main TAHSN full affiliate teaching sites where residents participate in after-hours coverage/all duties (CAMH, SHSC, SMH, UHN)
- Faculty member from a TAHSN associate affiliate academic site or expansion site (NYGH, SJH, SHN, THP)
- Subspecialty program representative – one or more faculty members from Child and Adolescent Psychiatry, Forensic Psychiatry, Geriatric Psychiatry (these members may service in dual roles – as site and subspecialty representatives).

Guests may be invited at the discretion of the Chair.

Term

Faculty members - Three years, with option for renewal for another three years at the discretion of the Chair.

Resident members – Ex-officio for Chief Residents and PRAT Executive members, all other resident members two years, with option for renewal for an additional one to two years at the discretion of the Chair.

Reporting Relationship

The Safety Subcommittee reports to the Psychiatry Residency Program Committee and the Director, General Psychiatry Residency Program.

Relationship to other residency program initiatives and subcommittees

To promote a culture of safety in the residency program, the Chair of the Safety Subcommittee collaborates with the Chair, Subcommittee on Resident Wellbeing as needed.

Physical safety and Fatigue Risk Management concerns raised via rotation evaluations or site and residency program surveys will be reported to the Safety Subcommittee for further investigation and/or action as needed. These concerns will also be shared with the PG Site Director for the site in question. Any safety concerns in the residency program will involve and may be managed by the Director, General Psychiatry Residency Program with appropriate Department of Psychiatry and Temerty Faculty of Medicine leadership as needed (e.g. Postgraduate Medical Education, Office of Learner Affairs, Office of Indigenous Health, Office of Inclusion and Diversity).

Quorum

Chair along with 2 faculty members and at least 1 resident representative.

Chair

The PG Site Director at CAMH will serve as the Chair of the Safety Subcommittee.

Meetings

Quarterly and at the call of the Chair or Director, GPRP. Administrative support is provided by the General Psychiatry Residency Program.

Scope/Responsibility

- Guideline development & review of Adverse Events
 - Establish and revise minimum requirements for resident safety in all training sites including physical plant requirements, policy and prevention initiatives, resident orientation to hospital training sites, and any follow-up requirements or other interventions as required.

- Contribute to residency program Safety Guidelines
 - Review protocols for the reporting of adverse events of assault or injury of residents during their training in collaboration with residency program and hospital training site leadership.
 - Make recommendations for requirements with respect to follow-up and incident review after actual events of assault or injury to residents in collaboration with hospital site leadership.

- Education and Training
 - Provide recommendations with respect to
 - resident education to promote safety and skill development in de-escalation for safety and self-protection (see below regarding TIDES).
 - Faculty development and interprofessional training related to residents' physical safety and fatigue risk management.
 - Improvements to enhance safe learning environments for work-placed based learning and clinical care.

Site Safety Visits

The SC conducts site safety visits to training sites where residents participate in after-hours/call duties (i.e. "call sites") every two years to provide oversight regarding adherence to residency program guidelines and requirements. All other training sites will have site visits completed every three years.

N.B. A site visit or review can be initiated at any time at the discretion of the Safety Subcommittee Chair or Program Director when a safety concern is raised via documented residency program feedback. Specifically, **any site that does not adhere to residency program Safety Guidelines in one or more areas that compromises resident safety may be reviewed prior to their next scheduled site safety review.** Resident allocations to a site may be paused at the discretion of the Program Director with Vice Chair, Education and Associate Dean, Postgraduate Medical Education input pending a site safety review and approval for residents to return to rotations at the site by the Psychiatric Residency Program Committee.

Please see Site Safety Visit Template for details of reviews and Safety Guidelines for further details.

Fatigue Risk Management (FRM) Curriculum Requirement

All residents will be provided with FRM curriculum as follows:

- PGY1 Ground School (Transition to Discipline)
- PGY4 residents (Core of Discipline) will be asked to review an online curriculum related to FRM and to attest to completion during academic half-day time.
- Site-based call orientations every 6 months from PGY2-5 (Foundations of Discipline to Transition to Practice)

TIDES Training Requirement

*Please note – PGY1 and 4 residents in the program must complete *TIDES* (Trauma-Informed De-escalation Education for Safety and Self-Protection) training at CAMH

This full day course focuses on prevention strategies, self-management and self-awareness in the moment, de-escalation, and having a team approach to escalated situations. During the physical skills portion, residents learn and practice self-protection skills, team control skills, and mechanical restraint application.

The learning objectives for TIDES training are:

- To implement the TIDES foundations of prevention
- Identify and apply collaborative communication strategies
- To apply self-management and self-awareness skills during a escalated situation
- To understand a team approach to safe intervention
- To demonstrate understanding of emergency use of restraints, including behaviour indicators, contraindications, and trauma aware strategies
- To practice the physical self-protection, team control skills and mechanical restraint application

Created by: Program and Associate Program Director with Chair, Safety Subcommittee
Safety Subcommittee

Approved at PRPC: October 3, 2022 with major revisions on December 1, 2025

Next Review: 2028-29