**Summary of Department of Psychiatry Postgraduate Education**

**Response to Serious Adverse Events in Training**

**Key Goals:**

Responsiveness, Support and Education

**Key Participants:**

Postgraduate Education Directors (for the general Psychiatry program and subspecialties)

Postgraduate Site Directors (including subspecialty Site Directors)

Departmental Chiefs

Chief Residents

PRAT

**Key Principles:**

Training in psychiatry and its subspecialties 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 staff.

All Postgraduate Site Directors (including subspecialty Site Directors) should be familiar with the Department of Psychiatry Postgraduate Policy regarding responding educationally, supportively and proactively to residents who have experienced serious adverse events in training. They should also be familiar with local hospital policies regarding such adverse events.

All residents should be aware that the Department of Psychiatry has such a policy which emphasizes the importance of resident responsiveness, support and education after an adverse event.

Locally and centrally, mechanisms for disseminating and executing this policy should exist to ensure that this is a policy implemented consistently and routinely practiced. The goal of this policy is to decrease stigma experienced around adverse events by facilitating support in diverse educational realms (post-grad, site-based etc.)

Suggested Guidelines for Dissemination of Policy:

1. Chief Residents and Site Directors (including subspecialty Site Directors) will discuss the Departmental policy in local orientation proceedings prior to each resident rotation, including specific discussion of local and central staff and 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. Site Directors should educate all resident supervisors regarding the Departmental policy regarding adverse events in psychiatric training.
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 a judgement of the resident’s behaviour.
5. The policy must also be available on-line as a link on the Department of Psychiatry postgraduate website.
6. The policy shall be reviewed at least every 4 years by the PRPC Wellness and Safety Subcommittees and ratified at PRPC. Input from the subspecialty programs shall be included in the reviews.

Guidelines for response to patient assault/suicide:

In situations of serious adverse events involving psychiatry or psychiatric subspecialty resident trainees, involved residents and staff psychiatrists involved shall report such events to the residents’ base hospital’s Site Director and Chief Resident(s) for prompt review.

1. The resident’s supervisor and Site Director or their delegates must efficiently respond collaboratively to support the resident in question. 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.

1. 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 Site Director and Departmental Chief.

1. 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/OMA. 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.

1. For serious adverse events, the response should also involve **routine** communication with the Postgraduate Director (including the subspecialty Postgraduate Director if applicable) and the affiliated Departmental Chief for the purpose of activating support.
2. 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 he/she is uncomfortable seeking support from his/her own supervisor.
3. 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 (including the subspecialty Program Director if applicable). 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.
4. All interventions should be provided with the appreciation that residents may differ widely in their wishes/needs for support (ie. “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.