

GUIDELINES TO SUPPORT A PSYCHIATRY RESIDENT IN DISTRESS

A resident in the course of his/her postgraduate training may become distressed for a variety of reasons. This may result from a perception of unfair treatment and/or harassment by a faculty member and/or a supervisor or may relate to a personal loss, and/or a personal mental health and/or addiction issue. It also may relate to losing a patient by suicide or being assaulted in the workplace. A defined pathway to assist a trainee in distress must be known to the resident body. It is recognized that there may be a need for flexible and individualized solutions.

Pathway to Support a Resident in Distress

1. A resident in distress is identified by the resident himself/herself, a faculty member/supervisor, or a peer.
2. A trusted faculty member is discretely notified of the issue. This is most commonly the Program Director, but depending on the circumstances of the concern, may be a supervisor, other trusted faculty, or the Department Division Chair.
3. The faculty member meets with the distressed resident in a safe, confidential setting to provide support and identify the source of distress. The involved faculty member and the distressed resident determine the need for further assistance.
4. Depending on the nature of the issue, the faculty member may need to consult with the Department Chair (if not the recipient of the concern) and/or the Associate Dean of Postgraduate Education and/or the Assistant Dean of Gender & Equity at The Schulich School of Medicine & Dentistry (SSM&D) and/or Human Resources at Western University.
5. If the distress is related to a hospital issue, hospital administration will need to be involved.
6. If a treatment resource is required, it is to be identified and accessed outside of the Department of Psychiatry at Western University