MARSHALL COMMUNITY HEALTH CONSORITUM
GRADUATE MEDICAL EDUCATION COMMITTEE
POLICY ON RESIDENT/ FELLOW IMPAIRMENT

BACKGROUND

Medical education and postgraduate training are rightly regarded as an arduous intellectual, physical and emotionally stressful undertaking. For this reason the Marshall Community Health Consortium recognizes a special obligation to provide a means for its residents to obtain assistance for distress at a point when emotional, family, financial and physical resources are least affected. The goal is to provide help when the prospects for successful intervention are most promising.

DEFINITION

Impairment ("impaired") shall mean under the adverse influence of alcohol or any narcotic or drug whether illicit or otherwise; or, mentally or physically unable to reason, communicate, or perform medical services in a safe and acceptable fashion; or distress that is recognized by the individual or others as detrimental to the person's or patient's well-being, or to the reputation of the Marshall Health Care Consortium.

Physician impairment due to alcohol, substance abuse, mental and emotional illness is often first manifested during undergraduate education or postgraduate training years and may escape detection or intervention because of the individual's denial or fear of failure, depreciation or censure. Sensitivity to and fear of negative faculty attitudes or a mistaken belief that unhealthy levels of stress somehow constitute traditional "rites of passage" may inhibit the individual's desire for help.

The principal obstacles to identifying and resolving impairment among residents involve three types of DENIAL: collegial (peer), societal, and self. Effective programs of intervention must address the denial issue, and faculty responsible for residents has a special responsibility to do so.

A vulnerable resident is also susceptible to the pervasive societal prevalence of alcohol and substance abuse, which may compound the stress of their education and training. While alcohol and substance abuse, as well as mental or emotional illness are not uncommon among residents, they can be successfully treated.

Residents are entitled to an educational environment that is supportive, protective, sensitive, and able to intervene in potentially destructive and dysfunctional situations, without jeopardizing the individual's right to confidentiality and the continuation of his/her education or training.

PREVENTION AND EDUCATION

Each year during New House staff Orientation, an educational component addressing resident Impairment policies and services will be presented.

SELF-REPORTING

Residents must be strongly encouraged to seek help or assistance at a point when personal emotional, family, financial and physical functioning are least affected and the prospects for successful intervention are most promising. The Consortium is eager to assist Residents with impairment problems and encourages any resident with impairment problems to contact his or her Program Director or hospitals' counseling resources for assistance. Residents shall not be subject to punitive actions for voluntarily

acknowledging an impairment problem. Note, however, that this will not excuse violations of other policies for which the resident is subject to disciplinary action. Furthermore, should it become apparent after treatment that the residents impairment cannot be corrected or a "reasonable accommodation" made within one (1) year, nothing herein shall preclude the resident from being removed from the program.

Types of problems:
In general, psychosocial problems most likely to be seen in residents include excessive stress, anxiety, "role strain", depression, eating disorders, addictions, sexual dysfunction, dissociative states, marital problems, study inhibitions, behaviors leading to conflict with the law or exacerbations of pre-existing disorders. Most residents seem to resolve developmental or situational stress reasonably promptly with short-term treatment if it is made readily available, kept confidential and not associated with peril to their chances of finishing their education or postgraduate training.

Impairment in residents may be subtle or overt, but is most often first regarded by observers as a significant and persistent change in the individual's usual and customary behavior. Such changes may be manifested in any or all of physical, emotional, family, social, educational or clinical domains of functioning.

The most important issue for effective programs of intervention is that of CONFIDENTIALITY. If a program of intervention is to work, Residents must be assured that all transactions, from initial contacts through treatment will be conducted with the utmost prudence, sensitivity and confidentiality.

PROCEDURE

Diagnosis of Impairment:

Individuals considered to be **acutely impaired** will often be identified by a nurse, peer, preceptor, patient, faculty or family member or staff member of an affiliated institution. In this situation, a report must be made immediately to the resident's Program Director, or the DIO. This person or designee should immediately investigate the relevant facts, including direct discussion with, and observation of, the individual. The resident shall cooperate fully. Failure to cooperate or any attempt to obstruct a pending investigation may subject the individual to disciplinary action. If deemed necessary in order to ensure the safety and well-being of patients or others, the Program Director or Designated Institutional Official (DIO) have the authority to immediately suspend the individual or otherwise limit their duties and responsibilities. The resident in question will be immediately for evaluation and treatment as appropriate.

"Red Flag" Warning Signs Possibly Suggestive of Impairment in Residents:

I. Physical
- Sleep disorders
- Frequent accidents
- Eating disorders
- Deterioration in personal hygiene or appearance
- Multiple chronic physical complaints for which no physical basis has been found

II. Family
- Conflict
- Disturbed spouse
- Withdrawal from family members
- Separation or divorce proceedings
- Sexual problems, extramarital affairs

III. Social
- Isolation from peers
- Withdrawal from outside activities
- Embarrassing or inappropriate behavior at parties
- Driving while intoxicated
- Unreliability, unpredictability
- Interaction with police

IV. Depression; drug, alcohol abuse
- Risk-taking behavior
- Tearfulness
- Mention of death wish/suicide attempt
- Slowed behavior and attention
- Flat or sad affect
- Chronic exhaustion, on-and off-work
- Dilated or pin-point pupils
- Wide swings in mood
- Self-medication with psychotropic drugs
- Alcohol on breath at work or in class
- Uncontrolled drinking at social events
- Concerns of spouse or significant other about the use of alcohol or drugs
- Moroseness

V. In Hospital
- Unexplained absences or chronic tardiness
- Spending excessive time at the hospital
- Inappropriate orders in responses to phone calls
- Marked behavioral changes
- Decreasing quality of or interest in work
- Increasing difficulties with peers or staff

REMOVAL FROM SHIFT AND PREPARATION OF REPORT

If an attending physician, in consultation with the Program Director and DIO, has reasonable suspicion to believe that a practicing resident/ fellow is impaired, the attending physician shall cancel the resident's remaining on-call shift and any subsequent shifts as deemed necessary and appropriate. The attending physician shall prepare and file a report with the Residency Director and Office of Graduate Medical Education immediately but no later than 24 hours of the incident.

Any other health care professional who participates in reporting a resident's impairment due to the use of alcohol, legal or illegal drugs, emotional or mental health/behavioral or other cause shall prepare and file a report with the appropriate offices as set forth above. In either case, the affected resident shall be

required to meet with his/her program director within 24 hours of the action. The resident will be removed from the subsequent shifts and automatically be referred to a healthcare professional.

CONFIDENTIALITY, TREATMENT, REHABILITIATION AND REINSTATEMENT TO PROGRAM

For purposes of assuring confidentiality, off- site campus treatment resources unassociated with the Consortium are considered ideal although any arrangement, with the exception stated is workable which permits ready referral, maintains strict confidentiality, safeguards against reprisal for entering treatment, and provides status reports to a limited number of authorized individuals, i.e., Program Director and/or DIO in the case of a resident where serious danger to self or others is involved.

When it is determined by the treating health care physician/ treating health care professional that the resident is ready to re-enter the training program, written documentation of recommendation of re-entry must be provided to the DIO. Only upon receipt of appropriate and complete documentation by the treating physician/health care professional will the resident be able to return.

The Program Director upon consultation with the DIO may determine if further treatment is mandatory or voluntary as a condition for continuation of training or re-entry.

Upon returning to the program, the resident/ fellow will be required to sign a Back to Work Agreement with the Program Director and the Office of Graduate Medical Education that specifies the terms of re-entry. Failure to stay in compliance with the conditions of the Back to Work Agreement or refusal to submit to necessary and appropriate screening tests will be grounds for immediate termination. Any trainee who submits a false sample or test positive is subject to corrective action, up to and including termination. The DIO will work with the Program Director to assist the trainee in the re-entry to the residency or fellowship.

In addition the following will apply:

A. Any duration of treatment requiring absence from work will be considered a medical leave. Depending on the length of absence for treatment, the residents training time may be extended to meet requirements for promotion or board eligibility.

B. The impaired resident is fully responsible for any out-of-pocket expenses related to the treatment that extends beyond his or her insurance coverage. Treatment should be covered by health insurance which is required of all residents.

C. The Consortium may, at its sole discretion, reinstate the resident if it has been established, by the treating physician or center, that he or she has successfully completed a suitable treatment program.

D. If reinstatement is granted, the Consortium may place the resident on intensive supervision for a specified period with conditions including but not limited to the following:
    i. Continuation of treatment/therapy
    ii. Ongoing monitoring and periodic evaluations (Note: A monitoring program may include, but not be limited to the following components: (1) random drug screens ; (2) written, reports from counselors/ therapists; (3) a self-report provided by the physician in recovery; and, (4) written verification of attendance at self-help and support group meetings)
    iii. Drug testing as requested by the residency director or treatment program;

iv. Authorization by resident for the release of practitioner's drug and alcohol abuse records;
v. Written updates from the physician or therapist treating resident for his or her impairment.

E. Failure by the resident to comply with rehabilitation or treatment plan, the recommendations of the Program Director and the DIO the Health Care Professional and/or the terms of any reinstatement may result in disciplinary action up to and including dismissal.

F. Subsequent relapse by the resident at any time during their residency at the Consortium may result in action up to and including dismissal.

CRISIS INTERVENTION

To provide immediate assistance with getting through critical times, any resident or fellow who is suffering from an acute problem of disturbed thought, behavior, mood or social relationship which require immediate intervention (i.e., thoughts of harming themselves or others) should contact their Program Director or Program Coordinator immediately, even after hours for crisis intervention service.

Should an outside source of crisis intervention be preferred, the Director of the Department of Mental Health Counseling and Employee Assistance Program at the St. Mary's Medical Center is available for counseling and/or confidential assistance. Services can be requested by calling 304-526-1357 or 304-526-1234, 365 days a year, 24 hours per day. Additionally the resident should strongly consider dialing 911 or going to the nearest hospital emergency room.

REASONABLE TIME

Recommendation for treatment, re-entry in the program, and graduation will be determined on a case-by-case-basis. The Consortium shall set a reasonable time period for re-entry conditions to the program. The time frame for re-entry may only be extended upon written permission granted by the DIO and the Program Director. Failure to comply within the established timeframe will result in immediate dismissal from the program.

DUTIES OF RESIDENTS TO REPORT OTHER ACTIONS AGAINST THEM

Residents must report, in writing, to the DIO the following circumstances within thirty days of their occurrence. Failure to report such circumstances may result in immediate dismissal.

A. The opening of an investigation or disciplinary action taken against the resident by any licensing entity.

B. An arrest, fine (over $250*), charge or conviction of a crime, indictment, imprisonment, placement on probation, or receipt of deferred adjudication; and

C. Diagnosis or treatment of a physical, mental or emotional condition, which has impaired or could impair the resident's ability to practice medicine.

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