

## 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 University Joan C. Edwards School of Medicine (MUJCESOM) recognizes a special obligation to provide a means for its residents/fellows 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 University Joan C. Edwards School of Medicine.**

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/fellows involve three types of DENIAL: collegial (peer), societal, and self. Effective programs of intervention must address the denial issue, and faculty responsible for residents/fellows has a special responsibility to do so.

A vulnerable resident/fellow 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/fellows, they can be successfully treated.

Residents/Fellows 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. **For the purpose of this policy, the term “Resident” shall also be construed to include “Fellows.”**

### **PREVENTION AND EDUCATION**

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

### **SELF-REPORTING**

Residents/Fellows 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 University is eager to assist Residents/Fellows with impairment problems and encourages any resident/fellow with impairment problems to contact his or her Program Director or hospitals’ counseling resources for assistance. Residents/Fellows 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/fellow is subject to disciplinary action. Furthermore, should it become apparent after treatment that the residents/fellows impairment cannot be corrected or a "reasonable accommodation" made within one (1) year, nothing herein shall preclude the resident/fellow from being removed from the program.

**Types of problems:**

In general, psychosocial problems most likely to be seen in residents/fellows 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/fellows 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/fellows 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/Fellows 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 or fellow's Program Director, or the Senior Associate Dean for Graduate Medical Education. This person or designee should immediately investigate the relevant facts, including direct discussion with, and observation of, the individual. The resident/fellow 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, Department Chairman or Senior Associate Dean for Graduate Medical Education have the authority to immediately suspend the individual or otherwise limit their duties and responsibilities. The resident/fellow in question will be immediately for evaluation and treatment as appropriate.

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

- 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 Senior Associate Dean for Graduate Medical Education, has reasonable suspicion to believe that a practicing resident/ fellow is impaired, the attending physician shall cancel the resident's/fellow'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/ fellow'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/fellow shall be required to meet with his/her program director within 24 hours of the action. The resident/fellow will be removed from the subsequent shifts and automatically be referred to a healthcare professional.

### **CONFIDENTIALITY, TREATMENT, REHABILITATION AND REINSTATEMENT TO PROGRAM**

For purposes of assuring confidentiality, off-JCESOM campus treatment resources unassociated with the School 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 Senior Associate Dean for GME in the case of a resident/fellow 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/fellow is ready to re-enter the training program, written documentation of recommendation of re-entry must be provided to the Senior Associate Dean for Graduate Medical Education. Only upon receipt of appropriate and complete documentation by the treating physician/health care professional will the resident/ fellow be able to return.

The Program Director upon consultation with the Sr. Associate Dean, for Graduate Medical Education 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 Senior Associate Dean 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/fellows training time may be extended to meet requirements for promotion or board eligibility.
- B. The impaired resident/fellow 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/fellows.
- C. The School of Medicine may, at its sole discretion, reinstate the resident/fellow 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 School of Medicine may place the resident/fellow 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/fellow for the release of practitioner's drug and alcohol abuse records;
  - v. Written updates from the physician or therapist treating resident/fellow for his or her impairment.
- E. Failure by the resident/fellow to comply with rehabilitation or treatment plan, the recommendations of the Program Director and the Senior Associate Dean, Graduate Medical Education, 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/fellow at any time during their residency at the Joan C. Edwards School of Medicine 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/fellow 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 School of Medicine 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 Sr. Associate Dean for Graduate Medical Education and the Program Director. Failure to comply within the established timeframe will result in immediate dismissal from the program.

### **DUTIES OF RESIDENTS/FELLOWS TO REPORT OTHER ACTIONS AGAINST THEM**

Residents/Fellows must report, in writing, to the Sr. Associate Dean, Graduate Medical Education, Executive 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/fellow 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/fellow's ability to practice medicine.

**Revisions Approved by GMEC December 18, 2012**  
**Effective Date: January 1, 2013**

Pullman

12/18/12

DIO Signature

Date