Marshall University
Joan C. Edwards School of Medicine
Graduate Medical Education Committee

POLICY ON PHYSICIAN IMPAIRMENT

Effective Date: January 1, 2013
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SECTION 1. BACKGROUD AND PURPOSE

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 and 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.

SECTION 2. DEFINITIONS

2.1. 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.

2.2. 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.

2.3. 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 have a special responsibility to do so.

2.4. 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.

2.5. 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.

2.5. The term "Resident" shall also be construed to include " Fellow."

2.6. The term "trainee" or "trainees"" shall be construed to include a resident(s) and/or a fellow(s).

SECTION 3. SELF-REPORTING

3.1. 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.

3.2. The GME Community 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.

3.3. Residents shall not be subject to punitive actions for voluntarily acknowledging an impairment problem. Violations of other policies for which the resident is subject to disciplinary action and shall not be excused.

3.4. Should it become apparent after treatment that the resident's 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.

SECTION 4. TYPES OF PROBLEMS

4.1. 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.

4.2. 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.

4.3. 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 physical, emotional, family, social, educational, or clinical domains of functioning.

4.3. 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.

SECTION 5. PROCEDURE

5.1. 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 Vice Dean for Graduate Medical Education who should immediately investigate the relevant facts. The investigation may include but not be limited to direct discussion with, and observation of, the individual.

5.2. It is a requirement of this policy that the resident must cooperate fully. Failure to cooperate or any attempt to obstruct a pending investigation may subject the individual to disciplinary action.

5.3. To ensure the safety and well-being of patients or others, the Program Director, Department Chairman, or Vice Dean, Graduate Medical Education 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.

5.4. As part of the educational process, the following “Red Flag” Warning Signs that are possible suggestive of impairment in residents include but are not limited to:

5.4.1. Physical

- 5.4.1.a. Sleep disorders
- 5.4.1.b. Frequent accidents
- 5.4.1.c. Eating disorders
- 5.4.1.d. Deterioration in personal hygiene or appearance
- 5.4.1.e. Multiple chronic physical complaints for which no physical basis has been found

5.4.2. Family

- 5.4.2.a. Conflict
- 5.4.2.b. Disturbed spouse
- 5.4.2.c. Withdrawal from family members
- 5.4.2.d. Separation or divorce proceedings
- 5.4.2.e. Sexual problems, extramarital affairs

5.4.3. Social

- 5.4.3.a. Isolation from peers
- 5.4.3.b. Withdrawal from outside activities
- 5.4.3.c. Embarrassing or inappropriate behavior at parties
- 5.4.3.d. Driving while intoxicated
- 5.4.3.e. Unreliability, unpredictability
- 5.4.3.f. Interaction with police

5.4.4. Depression; drug, alcohol abuse

- 5.4.4.a. Risk-taking behavior
- 5.4.4.b. Tearfulness
- 5.4.4.c. Mention of death wish/suicide attempt
- 5.4.4.d. Slowed behavior and attention
- 5.4.4.e. Flat or sad affect
- 5.4.4.f. Chronic exhaustion, on-and off-work
- 5.4.4.g. Dilated or pin-point pupils
- 5.4.4.h. Wide swings in mood
- 5.4.4.i. Self-medication with psychotropic drugs
- 5.4.4.j. Alcohol on breath at work or in class
- 5.4.4.k. Uncontrolled drinking at social events
- 5.4.4.l. Concerns of spouse or significant other about the use of alcohol or drugs
- 5.4.4.m. Moroseness

5.4.5. In Hospital

- 5.4.5.a. Unexplained absences or chronic tardiness
- 5.4.5.b. Spending excessive time at the hospital
- 5.4.5.c. Inappropriate orders in responses to phone calls
- 5.4.5.d. Marked behavioral changes
- 5.4.5.e. Decreasing quality of or interest in work Increasing difficulties with peers or staff

SECTION 6. REMOVAL FROM SHIFT AND PREPARATION OF REPORT

6.1. If an attending physician, in consultation with the Program Director and Vice Dean for Graduate Medical Education, has reasonable suspicion to believe that a practicing resident is impaired, the attending physician shall cancel the resident's remaining on-call shift and any subsequent shifts as deemed necessary and appropriate.

6.2. The attending physician shall prepare and file a report with the Residency Director and ViceDeanimmediately but no later than 24 hours of the incident.

6.3. 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.

6.4. The resident will be removed from the subsequent shifts and automatically be referred to a healthcare professional.

SECTION 7. PROCESS

7.1. After investigation, the Program Director shall determine the proper course of action according to the Policy on Disciplinary Action, including Administrative Actions, or Formal Disciplinary Measures.

7.2. Pursuant to the Policy on Disciplinary Action, should the Program Director recommend Administrative Action, the Designated Institutional Official must be consulted.

7.3. Should the Program Director recommend Disciplinary Action, the Clinical Competency Committee must be consulted, in addition to the Vice Dean.

SECTION 8. CONFIDENTIALITY, TREATMENT, REHABILITATION AND REINSTATEMENTENT TO PROGRAM

8.1. To assure confidentiality, off campus treatment resources unassociated with the School are considered ideal. Arrangements are workable to permit ready referral, maintain strict confidentiality, and safeguard against reprisal for entering treatment. Status reports to a limited number of authorized individuals, i.e., Program Director and Vice Dean for GME will be made only in the case if a resident is a danger to self or others is involved.

8.2. 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 Vice Dean for Graduate Medical Education. Only upon receipt of appropriate and complete documentation by the treating physician/health care professional will the resident be able to return.

8.3. The Program Director, upon consultation with the Vice Dean for Graduate Medical Education, may determine if further treatment is mandatory or voluntary as a condition for the continuation of training or re-entry. Other terms and conditions may include, but not be limited to:

8.3.1. Any duration of treatment requiring absence from work will be considered a medical leave as defined by the Policy on Compensated and Uncompensated Leave. Depending on the length of absence for treatment, the residents training time may be extended to meet requirements for promotion or board eligibility;

8.3.2. The impaired resident 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 provided to all residents.

8.3.3. The School of Medicine 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.

8.3.4. If reinstatement is granted, the School of Medicine may place the resident on intensive supervision for a specified period with conditions including but not limited to the following:

8.3.4.a. Continuation of treatment/therapy

8.3.4.b. Ongoing monitoring and periodic evaluations which may include, but not be limited to the following components:

8.3.4.b.1. Random drug screens

8.3.4.b.2. Written reports from counselors/ therapists;

8.3.4.b.3. Self-reports provided by the physician in recovery;

8.3.4.b.4. Written verification of attendance at self-help and support group meetings;

8.3.4.b.5. Drug testing as requested by the residency director or treatment program;

8.3.4.b.6. Authorization by resident for the release of practitioner's drug and alcohol abuse records; and/or

8.3.4.b.7. Written updates from the physician or therapist treating resident for his or her impairment.

8.4. Upon returning to the program, the resident will be required to sign a Disciplinary Action Review Form which will be reviewed by the Program Director, upon consultation with the Vice Dean to specify the terms of re• entry.

8.5. Failure by the resident to comply or to stay in compliance with rehabilitation or treatment plan, the recommendations of the Program Director and the Vice 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.

8.6. Refusal to submit to necessary and appropriate screening tests will be grounds for immediate termination.

8.7. Any resident who submits a false sample or tests positive is subject to corrective action, up to and including termination.

8.8. Subsequent relapse by the resident at any time during their residency at the School of Medicine may result in action up to and including dismissal.

8.9. The Vice Dean will work with the Program Director to assist the resident in re- entry to the training program.

SECTION 9. CRISIS INTERVENTION

9.1. To provide immediate assistance with getting through critical times, any resident 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.

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

SECTION 10. REASONABLE TIME

10.1. Recommendation for treatment, re-entry into 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 and may only be extended upon written permission granted by the Vice Dean for Graduate Medical Education and the Program Director.

10.2. Failure to comply within the established timeframe will result in immediate dismissal from the program.

SECTION 11. DUTIES OF RESIDENTS TO REPORT OTHER ACTIONS AGAINST THEM

11.1. Residents must report, in writing, to the Vice Dean for Graduate Medical Education, the following circumstances within thirty days of their occurrence.

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

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

11.1.3. Diagnosis or treatment of a physical, mental, or emotional

condition, which has impaired or could impair the resident's ability to practice medicine.

11.2. Failure to report such circumstances may result in immediate dismissal.