Medical Education Policy: Impaired Residents and Fellows

Facility: CMC
Origin Date:
Revision Date: September 2015
Sponsor: GMEC

I. PURPOSE:
Impairment of performance of resident/fellow physicians arising out of substance use or mental disorder can put patients at risk. This concept will be referred to generally in this policy as “Impairment”. Impairment may be managed as a medical or mental illness depending on the circumstances. Implicit in this concept is the existence of criteria permitting diagnosis, opportunity for treatment, and with successful progress toward recovery, the possibility of returning to training in an appropriate capacity. Impairment may result from depression or other mental illness, from physical impairment, from medical illness, or from substance abuse and consequent chemical dependency.

The goals of this policy are to (1) prevent or minimize the occurrence of and effect of Impairment, including substance abuse, among residents/fellows in training programs within the scope of this policy, (2) protect patients from risks associated with care given by impaired residents/fellows and (3) compassionately confront problems of Impairment to include diagnosis, relief from patient care responsibilities if necessary, treatment as indicated, and appropriate rehabilitation.

This policy does not alter the right of Carilion Clinic to assess and address resident/fellow behavior according to Carilion Clinic policy and procedure.

II. SCOPE:
This policy applies to all ACGME, Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Clinic or AOA accredited Carilion-based programs sponsored by the Edward Via College of Osteopathic Medicine.

III. IDENTIFICATION OF IMPAIRMENT:
Listed below are some signs and symptoms of Impairment. Isolated instances of any of these may not impair the ability to perform adequately, but if they
are noted on a continued basis or if multiple signs are observed, Impairment may be present. The signs and symptoms may include:

A. Physical signs and symptoms such as fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents or eating disorders.
B. Family stability disturbances.
C. Social changes such as withdrawal from outside activities, isolation from peers, inappropriate behavior, undependability and unpredictability, aggressive behavior or argumentativeness.
D. Professional behavior problems such as unexplained absences, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interaction with other staff, or inadequate professional performance.
E. Behavioral signs such as mood changes, depression, slowness, lapses of attention, chronic exhaustion, risk taking behavior, excessive cheerfulness, or flat affect.
F. Substance use indicators such as excessive agitation or edginess, dilated or pinpoint pupils, self-medication with psychotropic drugs, stereotypical behavior, alcohol on breath at work, uncontrolled drinking at social events, blackouts, or binge drinking.

IV. PROCEDURE:
A. Education: To try and minimize the incidence of Impairment, all residents/fellows shall be informed at orientation about physician impairment, this policy and the resources available. All residents/fellows shall be given a copy of Carilion Clinic’s Policy on a Drug-Free Workplace. All residents/fellows shall receive information regarding the counseling and referral resources available with Carilion Clinic, including its Employee Assistance Program.

B. Counseling and Management: The following services are available to residents/fellows and their families through the Employee Assistance Program (EAP):

Assessment and identification of personal, family, or work-related problems,
Brief counseling and crisis intervention,
Follow-up appointments when indicated, and
Referral to resources within Carilion Clinic and/or the community. The costs of such referrals will be the responsibility of the resident/fellow.
C. Self-Reporting: Carilion Clinic 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 Carilion Clinic’s counseling resources for assistance. Residents/fellows shall not be subject to punitive actions for voluntarily acknowledging an Impairment. However, this acknowledgement will not excuse violations of other policies for which the resident/fellow is subject to disciplinary action. The resident/fellow may also self report impairment to the Virginia Department of Health Professions Health Practitioners' Monitoring Program.

D. Reporting: All faculty, residents and fellows have a duty to confidentially and immediately report to an appropriate supervisor concerns about possible Impairment both in themselves and in others.

1. Report of Suspected Impairment While on Duty: Immediate need for response and/or action exists if the person making the report has a specific and reasonable suspicion that the identified resident/fellow is under the influence of drugs/alcohol or has a medical or psychiatric condition which may render the resident/fellow a danger to himself, the public or their patients while at a hospital, clinical practice or other medical setting used by residents and/or fellows or while performing clinical privileges or other staff duties. If an individual has a reasonable suspicion that a resident/fellow is impaired while on duty, the following steps should be taken.

a. Report to the Program Director: An oral or preferably written report is given to the Program Director of the suspected resident/fellow behavior leading to the concern for Impairment. The report must be factual and shall include a description of the incident(s) that led to the concern that the individual may be impaired. The person making the report does not need proof of the impairment but must state the facts leading to the suspicion.

b. Signs of Current Impairment While on Duty: If the Program Director is concerned that the resident/fellow is under the influence of drugs or alcohol, the resident/fellow will be immediately relieved of clinical duties and will be requested to submit to a drug/alcohol screen administered by Employee Health. The resident/fellow should be escorted to Employee Health by a departmental representative. If Employee Health is closed, the testing will be completed by a nursing clinical administrator. If the screen is positive for a banned substance, the resident/fellow will be removed from
Further clinical duties until a more complete review can be completed. (See also Section G)

If the screen is negative, the resident/fellow may be authorized to return to clinical duties once cleared by Employee Health and the Program Director or designee.

2. **Report of Suspected Impairment, but No Signs of Current Impairment exist While on Duty.**
   
a. **Report to the Program Director:** An oral or preferably written report is given to the Program Director of the suspected resident/fellow behavior leading to the concern for Impairment. The report must be factual and shall include a description of the incident(s) that led to the concern that the individual may be impaired. The person making the report does not need proof of the Impairment but must state the facts leading to the concern.
   
b. **Review Concern/No further review warranted:** The Program Director along with the DIO, the Administrative Director for Medical Education (“ADME”) and the DOME, if appropriate, will discuss the initial report of concern with the individual filing the report. If, after discussing the report, it is determined that Impairment is unlikely, no further review will occur. The initial report will be securely maintained in the Office of Graduate Medical Education, but not in the resident’s/fellow’s permanent file, in case the report is needed for reference in the future.

3. If, after discussing the report, it is determined that Impairment is likely, a review will occur.

**E. Review of suspected impairment necessary:**

1. **The DIO, ADME or DOME (if appropriate) notifies a Human Resources representative such as a Human Resources Consultant or Business Director.** If Human Resources initially receives the report/complaint, the DIO, ADME or DOME (if appropriate) is notified. Human Resources coordinates and conducts the review with the assistance of the DIO and/or the DOME, or designee.

2. **Informing the suspected resident:** The DIO, the DOME (if appropriate), the ADME, and the Program Director will request a meeting with the resident/fellow to provide notification of the concerns and the intent to initiate a review. The resident/fellow will
not be told who presented the initial report of suspected impairment. The resident/fellow will sign an attestation of notification of the review in the presence of the DIO.

3. **Written record:** The reviewing Human Resources representative, with the assistance of any other Carilion Clinic representative who is involved in the review, develops a written record detailing dates and content of discussions and other activities related to the reporting, review and disposition of the matter. These written records are confidential and are maintained by the Office of Graduate Medical Education and Human Resources Department. Due to confidentiality, these records are **not** maintained in personnel or standard academic files.

4. **Results of the review:**
   a. **No Credible Evidence of Impairment:** If the review finds that there is no credible evidence to merit a concern that the resident or fellow is impaired:
      i. The DIO/DOME, ADME and/or the Program Director will notify the resident/fellow in person of the findings of the review.
      ii. The initial report and the findings of the review will be securely maintained in the Office of Graduate Medical Education, but not in the resident’s/fellow’s permanent file, in case the report is needed for reference in the future.

   b. **Evidence to Merit Concern of Impairment:** If the review finds evidence to merit some concern that the resident/fellow is impaired, but not of the quality or quantity to justify immediate action against the resident/fellow:
      i. The Program Director, the DIO/DOME and/or the ADME will notify the resident/fellow of the findings of the review and the need for ongoing monitoring and/or assessment.
      ii. The Program Director, in consultation with others with experience in the area, will develop a plan for ongoing monitoring of the resident/fellow until it can be established whether or not an Impairment exists. This consultation could include consultation with the Carilion Legal Department and/or the Virginia Department of Health Professions.
iii. The Program Director must meet with the resident/fellow at least monthly to review the findings of ongoing monitoring. The Program Director will discuss the findings of the monitoring during monthly meetings with the DIO/DOME.

c. Finding of Impairment: If the review finds sufficient and credible evidence of resident/fellow Impairment:
   i. The Program Director, the DIO/DOME, and ADME will meet with the resident/fellow to discuss the findings.
   ii. Carilion Legal Department will be informed and a report will be made to the Virginia Department of Health Professions.
   iii. The resident/fellow is informed that the results of the review indicate that he or she suffers from an Impairment. The resident/fellow is not told who filed the report.
   iv. The results of the review, the resident’s/fellow’s response and the Program’s response will be presented to the GMEC to assure effective oversight of the matter.

F. Evidence of Impairment
The following steps apply to a resident/fellow with evidence of an Impairment. Depending upon the severity and the nature of the Impairment, the DIO/DOME may apply options including, but not limited to:

   1. Resident/fellow consultation with Carilion Clinic’s Employee Assistance Program which develops a plan of action.
   2. Consultation by the DIO or the Program Director with the Virginia Department of Health Professions.
   4. Requirement that the resident/fellow enroll in a rehabilitation program as a condition of continued employment. Salary will be continued at the discretion of the DIO/DOME.
   5. Immediate suspension of employment and salary if the resident/fellow refuses the recommended action(s).
   6. Termination of the resident’s/fellow’s employment.

G. Testing, Assessment and Compliance
1. Testing: In order to determine whether a resident/fellow may be impaired, the Program Director and DIO, the ADME, and the DOME, if appropriate, may require the resident/fellow to participate
in an alcohol and/or drug screening test. The failure of the resident/fellow to participate as requested will result in the resident/fellow being deemed to have a positive test result.

2. Assessment: In order to determine whether a resident/fellow may have an Impairment, the Program Director and DIO, the ADME, and the DOME, if appropriate, may require the resident/fellow to undergo an assessment and/or examination. Such an assessment and/or examination may be conducted by Carilion Clinic’s Employee Assistance Program, a physician, counselor and/or any other entity or professional deemed appropriate.

3. Compliance: The resident/fellow is expected to comply with all requirements of this policy, including but not limited to, monitoring and rehabilitation. A resident’s/fellow’s lack of compliance may lead to remediation action up to and including termination of employment.

H. Rehabilitation, Monitoring and Reporting of Impaired Residents

1. As appropriate and according to the laws of the Commonwealth of Virginia’s Department of Health Professions, reports will be made to the appropriate regulatory authorities after consultation with the Carilion Legal Department.

2. The impaired resident/fellow is assisted in locating a suitable rehabilitation program.

3. A resident/fellow is not reinstated until the DIO, the DOME, as appropriate, and ADME has confirmed that he or she is in compliance with all the recommendations from the Virginia Board of Medicine and the expectations and requirements of Carilion Clinic. The resident’s/fellow’s job performance is monitored by the Program Director with reports presented to the DIO/DOME.

4. The program will make allowances in the resident’s/fellow’s schedule to allow for monitoring and attendance at required support groups in order for the resident/fellow to maintain compliance with the Virginia Department of Health Professions Health Practitioners Monitoring Program.

5. Residents/fellows will be expected to comply with any and all post reinstatement requirements and expectations.

I. Confidentiality: The identification, counseling and treatment of an impaired resident/fellow is deemed confidential, except as needed to carry out the policies of the GMEC or Carilion Clinic and/or as required by law.
J. **Appeal:** The resident/fellow has the right to appeal the above findings or actions to the GMEC as described in the redress of grievance policy. The appeal findings of the GMEC are final.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Dept./Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel Harrington, MD</td>
<td>DIO</td>
<td>GMEC</td>
<td>November 20, 2007</td>
</tr>
<tr>
<td>Daniel Harrington, MD</td>
<td>DIO</td>
<td>GMEC</td>
<td>January 1, 2011</td>
</tr>
<tr>
<td>Donald W. Kees, MD</td>
<td>DIO</td>
<td>GMEC</td>
<td>November 18, 2014</td>
</tr>
<tr>
<td>Donald W. Kees, MD</td>
<td>DIO</td>
<td>GMEC</td>
<td>September 15, 2015</td>
</tr>
</tbody>
</table>