Resident impairment (IR IV.H.2.)

GMEC approved: March 2007
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Purpose:

The purpose of this policy is to establish guidelines recognizing and dealing with physician impairment (i.e., substance abuse, chemical dependency, mental illness, or use of drugs or alcohol that does not constitute substance abuse or chemical dependency) evaluations, for all residents/fellows, to ensure that the health and safety of other WSU GME residents/fellows, patients and others is protected (see Resident Well-being).

Policy

Program Directors and faculty must monitor residents and fellows for the signs of impairment, and especially those related to depression, burnout, suicidality, substance abuse, and behavioral disorders. Further, it is also the responsibility of every individual—including Program Directors, faculty and trainees to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition. This reporting requirement applies to anyone who observes that a physician may be impaired. Actual evidence of impairment is not required. In the absence of patient harm, sexual misconduct, or professional misconduct, this reporting requirement may be fulfilled and confidentially reporting the individual to the Health Professional Recovery Program (HPRP). Trainees may make this report to the HPRP directly, or may make their concerns known to the Program Director, Associate Program Director, Faculty member, GME Office or another responsible individual.

Definition: Under Michigan’s Public Health Code, impaired or impairment “means the inability or immediately impending inability of a health professional to practice his or her health profession in a manner that conforms to minimum standards of acceptable and prevailing practice for that health profession due to the health professional’s substance abuse, chemical dependency or mental illness or the health professional’s use of drugs or alcohol that does not constitute substance abuse or chemical dependency” (MCL333.16106a).

Substance abuse is defined as: “the taking of alcohol or other drugs at dosages that place an individual’s social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or
drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof” (MCL 333.6107).

**Chemical dependency is defined as:** “a group of cognitive, behavioral, and physiological symptoms that indicate that an individual has a substantial lack of or no control over the individual’s use of one or more psychoactive substances” (MCL 333.16106a).

**Mental illness is defined as** “a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life” (MCL 330.1400 [g]). Examples of mental health disorders include major depression, bipolar disorder, anxiety disorder and post-traumatic stress disorder.

**Dual Diagnosis** refers to persons “who have signs of concurrent substance use and psychiatric disorders” – ASAM

**Procedure**
Once concern is raised about a trainee, the Program Director should act quickly to perform a workplace intervention. In the absence of the Program Director, Department Chair, or Associate Program Director, any responsible faculty member may perform a workplace intervention. As part of this intervention a resident may be required to undergo a drug and/or alcohol test. Residents who refuse to be tested for drugs and/or alcohol will be considered to be insubordinate and will be subject to disciplinary action up to and including termination.

As a condition of appointment, all trainees are required to comply with the Program Director or faculty member’s decision to remove them from participation in clinical duties and other professional activities and to refer them to HPRP should impairment be suspected and/or confirmed.

The HPRP is solely authorized to determine fitness for duty and endorse the return to work (i.e., the resumption of training and clinical care responsibilities) of all trainees who experience and/or exhibit signs of impairment.

If HPRP determines that the trainee is not impaired, mention of the concern shall be removed from his/her records and the trainee will be allowed to return to work without prejudice.

However, should HPRP conclude that a trainee is suffering from impairment; the trainee may be required to complete outpatient treatment with HPRP and/or may be referred to an outside facility for further evaluation and potential inpatient treatment. In this case, the Program Director must immediately take appropriate action, which may include:
1. **Suspension from Clinical Duties:** This action will be considered if impairment may adversely affect the trainee’s ability to provide safe patient care or may otherwise put the individual at risk for hurting him/herself or others.

2. **Leave of Absence:** If inpatient treatment is indicated as a part of the treatment plan, the program may opt to place the trainee on a medical leave of absence and remove him/her from all patient contact and other program duties.

**Leave Status:** Trainees who must undergo inpatient treatment and rehabilitation at an outside facility will automatically be placed on medical leave during this period. Depending on the duration of leave, the trainee may be required to extend his/her training in order to meet ACGME and/or Board minimum training requirements.

**Return to Work:** Trainees who have been treated for impairment will require a full endorsement from both the treatment center and the HPRP before consideration will be given to their return to training. The program will make the decision about accepting a trainee back into training only after full consultation with HPRP and after review of the trainee’s previous academic performance. Trainees will be required to agree to and sign a Return to Work Agreement, an agreement supplemental to the residency agreement that outlines conditions under which he/she may continue in the training program and any other matters specific to the individual resident’s circumstances. In some cases, trainees may undertake limited duties as a part of the Return to Work Agreement. Due to the many risks to recovery inherent in the healthcare workplace, in some cases, return to training may not be recommended.

Trainees who are deemed able to return to training will be required to commit to a full monitoring program as determined by the HPRP. The HPRP will be responsible for arranging chemical, behavioral, and worksite monitoring that allows for the endorsement that the trainee is safe to practice. The program will allow reasonable accommodations for trainees to meet the requirements of this monitoring program.

An appropriate workplace monitor will be identified at each training site who will both provide and receive reports from the HPRP of the trainee’s progress. The workplace monitor(s) will be responsible for making sure the trainee reports for work as required and will be the point person for any concern regarding the trainee. The workplace monitor may need to notify other faculty members or chief residents of the situation, although confidentiality will be maintained wherever possible.

**Financial Considerations:** Evaluation by the HPRP is at no cost to the trainee or referring program. If the HPRP determines further assessment or evaluation is required, the trainee may be referred to a substance abuse or behavioral health treatment facility. If the evaluation by HPRP or by another facility reveals evidence of substance abuse and/or other impairing condition(s), all costs for any additional assessment and subsequent treatment of the condition(s) will be the responsibility of the trainee. Medical insurance may cover some of these costs. The program will not be responsible for cost of the assessment, evaluation, or treatment, if required.
Resources:
Employee Assistance Plan: Ulliance EAP - phone: 1-800-448-8326, website: http://www.lifeadvisoreap.com/MemberLogin.aspx

Health Professionals Recovery Program (HPRP): Phone: 800-453-3784, website: http://www.hprp.org/