

Medical Education Policy: Impaired Residents and Fellows

Facility: CMC
Origin Date:
Revision Date: September 2021
Sponsor: GMEC

I. PURPOSE:

Impairment of performance of resident 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 in training programs within the scope of this policy, (2) protect patients from risks associated with care given by impaired residents 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 behavior according to Carilion Clinic policy and procedure.

II. SCOPE:

This policy applies to all Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) accredited graduate medical education programs sponsored by Carilion Medical Center (CMC).

III. DEFINITIONS:

Resident refers to all interns, residents, and fellows participating in CMC accredited post-graduate medical education programs.

IV. 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.

V. PROCEDURE:

A. Education: To try and minimize the incidence of impairment, all residents shall be informed at orientation about physician impairment, this policy and the resources available. All residents shall be given a copy of Carilion Clinic's Policy on a Drug Free Workplace. All residents 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 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

Referral to resources within Carilion Clinic and/or the community. The costs of such referrals will be the responsibility of the resident.

C. Self-Reporting: Carilion Clinic is eager to assist residents with impairment problems and encourages any resident with impairment problems to contact his or her Program Director or Carilion Clinic's counseling

resources for assistance. Residents 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 is subject to disciplinary action.

The resident may also self-report impairment to the Virginia Department of Health Professions.

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. All reports will be forwarded to institutional leadership by the DIO in accordance with Virginia Code § 54.1-2400.6(A)(1).

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 is under the influence of drugs/alcohol or has a medical or psychiatric condition which may render the resident 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 duties. If an individual has a reasonable suspicion that a resident 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 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. Carilion Clinic will protect, to the extent possible, the identity of the individual reporting suspected impairment. Carilion does not tolerate retaliation against individuals making good-faith reports of suspected impairment.

b. Signs of Current Impairment While on Duty: If the Program Director is concerned that the resident is under the influence of drugs or alcohol, the resident will be immediately relieved of clinical duties and will be requested to submit to a drug/alcohol screen administered by Employee Health. The resident 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, the resident 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 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 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”) if appropriate, will discuss the initial report of concern with the individual filing the report. All reports will be evaluated and reports deemed to be credible and/or reports that suggest a reasonable likelihood that impairment may exist will be reviewed. Reports not warranting review will be documented and maintained by Medical Education separate from the resident’s permanent file. The initial report will be securely maintained in the Office of Graduate Medical Education, but not in the resident’s permanent file.
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 notifies a Human Resources representative such as a Human Resources Consultant or Business Director. If Human Resources initially receives the report/complaint, the DIO is notified. Human Resources will coordinate and conduct the review with the assistance of the DIO or designee.
2. Informing the suspected resident: The DIO the ADME, and the Program Director will request a meeting with the resident to provide notification of the concerns and the intent to initiate a review. The resident will not be told who presented the initial report of suspected impairment. The resident will sign an attestation 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, will develop 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 will be maintained by the Office of Graduate Medical Education and the 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, ADME and/or the Program Director will notify the resident 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 permanent file.

- b. Evidence to Merit Concern of Impairment: If the review finds evidence to merit some concern that the resident is impaired, but not of the quality or quantity to justify immediate action against the resident:
 - i. The Program Director, the DIO and/or the ADME will notify the resident 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 until it can be established whether or not an Impairment exists. This consultation may include consultation with the Carilion Legal Department and/or the Virginia Department of Health Professions.
 - iii. The Program Director must meet with the resident 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.

- c. Finding of Impairment: If the review finds sufficient and credible evidence of resident Impairment:
 - i. The Program Director, the DIO and ADME will meet with the resident 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 is informed that the results of the review indicate that he or she suffers from an impairment. The resident is not told who filed the report.

- iv. The results of the review, the resident'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 with evidence of an impairment. Depending upon the severity and the nature of the impairment, the DIO may apply options including, but not limited to:

1. Resident 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.
3. Psychiatric consultation.
4. Requirement that the resident enroll in a rehabilitation program as a condition of continued employment. Salary will be continued at the discretion of the DIO.
5. Immediate suspension of employment and salary if the resident refuses the recommended action(s).
6. Termination of the resident's employment.

G. Testing, Assessment and Compliance

1. Testing: In order to determine whether a resident may be impaired, the Program Director and DIO, and the ADME, if appropriate, may require the resident to participate in an alcohol and/or drug screening test. The failure of the resident to participate as requested will result in the resident being deemed to have a positive test result.
2. Assessment: In order to determine whether a resident may have an impairment, the Program Director and DIO, and the ADME, if appropriate, may require the resident 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 is expected to comply with all requirements of this policy, including but not limited to, monitoring and rehabilitation. A resident'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 is assisted in locating a suitable rehabilitation program.
3. A resident is not reinstated until the DIO, 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 job performance is monitored by the Program Director with reports presented to the DIO.

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

Name	Title	Dept./Committee	Date
Daniel Harrington, MD	DIO	GMEC	November 20, 2007
Daniel Harrington, MD	DIO	GMEC	January 1, 2011
Donald W. Kees, MD	DIO	GMEC	November 18, 2014
Donald W. Kees, MD	DIO	GMEC	September 15, 2015
Donald W. Kees, MD	DIO	GMEC	February 18, 2019
Donald W. Kees, MD	DIO	GMEC	September 14, 2021