

Graduate Medical Education Policy	Impaired Resident and Fellow
Facility/Sponsor	CMC/GMEC
Policy Origin Date	2011
Revision Date	January 2026

PURPOSE

Carilion Medical Center is committed to providing a safe, healthy, and professional environment for patients, residents, fellows, staff, and the public. This policy establishes a unified framework to:

- Maintain a drug-free workplace
- Protect patients' right to competent, safe medical care
- Identify, evaluate, and manage impairment in residents and fellows
- Encourage early self-reporting and access to treatment
- Ensure fair, confidential, and consistent processes
- Comply with federal, state, accreditation, and institutional standards

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).

DEFINITIONS

Resident: all interns, residents, and fellows in CMC-sponsored graduate medical education programs.

Impaired Resident: a resident who is unable to safely or effectively perform clinical or educational duties due to:

- Alcohol or drug use (including misuse of prescription medications)
- Mental, emotional, or psychiatric conditions
- Physical illness or deterioration of motor skills
- Excessive fatigue or stress
- Any condition that compromises patient, personal, or workplace safety

Employee Assistance Program (EAP): a confidential Carilion Clinic resource providing evaluation, counseling, referral, and support services.

PROCEDURE

1. Prohibited Conduct

The following are prohibited at any time a resident is representing CMC, including on-duty, on-call, on premises, or at CMC-related events:

- a. Use or being under the influence of alcohol or drugs
- b. Possession, sale, purchase, transfer, or distribution of illegal or unauthorized drugs
- c. Misuse or abuse of prescription medications
- d. Use or possession of marijuana or marijuana paraphernalia while on duty or at work, regardless of medical authorization
- e. Refusal to comply with a required drug or alcohol screen
- f. Appropriate use of legal, over-the-counter or prescribed medications is permitted only if it does not impair performance or safety. Residents who believe prescribed medications may impair them must immediately notify their Program Director.

2. Pre-Employment Drug Screening

- a. All incoming residents and fellows must successfully complete a post-offer physical assessment, including a drug screen.
- b. Positive results without a valid prescription may result in withdrawal of the offer, separation from employment, and dismissal from the program.
- c. Exceptions require DIO review and approval under special circumstances.
- d. Results are confidential and maintained by Employee Health.

3. Identification and Reporting of Impairment

- a. Duty to Report
 - i. All faculty, residents, and staff have a responsibility to immediately and confidentially report suspected impairment in themselves or others.
- b. Self-Reporting
 - i. Residents are strongly encouraged to seek help proactively through:
 - 1. Program Director
 - 2. DIO
 - 3. Employee Health or EAP
 - 4. Self-reporting will not, by itself, result in punitive action but does not exempt the resident from accountability for policy violations.
- c. Reporting to Program Director
 - i. Reports may be oral or written and should include factual observations. Proof is not required.
 - ii. Retaliation for good-faith reporting is strictly prohibited.

4. Investigation Process

- a. Initial Review
 - i. Program Director evaluates concerns and notifies DIO if warranted.
 - ii. Reports suggesting credible impairment proceed to investigation.
- b. Resident Meeting
 - i. Program Director and DIO meet with the resident.
 - ii. Purpose, concerns, and next steps are explained confidentially.
- c. Assessment & Testing
 - i. Resident may be removed from duty pending evaluation.
 - ii. Drug/alcohol screening may be required through Employee Health.
 - iii. Refusal to test is treated as a positive result.

5. Outcomes

- a. No Credible Evidence of Impairment
 - i. Documentation maintained securely by GME
 - ii. Documentation is not placed in permanent employee file
- b. Credible Evidence of Impairment
 - i. Depending on severity and circumstances, actions may include:
 - 1. Mandatory EAP or psychiatric evaluation
 - 2. Required treatment or rehabilitation
 - 3. Monitoring or return-to-work agreements
 - 4. Suspension with or without pay
 - 5. Termination of employment
 - 6. Referral to Human Resources, Legal, or licensing authorities
 - 7. Salary continuation during rehabilitation is determined by the DIO

6. Confidentiality

- a. All matters related to identification, evaluation, and treatment of impaired residents are confidential and disclosed only:
 - i. On a need-to-know basis
 - ii. To fulfill GMEC and institutional responsibilities
 - iii. As required by law

7. Appeals

- a. Residents may appeal actions taken under this policy in accordance with the Discipline, Appeals, and Due Process Policies.
- b. GMEC decisions are final.

Designated Institutional Official	Reviewing Committee	Date Approved
Daniel Harrington, MD	GMEC	November 20, 2007
Daniel Harrington, MD	GMEC	January 1, 2011
Donald Kees, MD	GMEC	November 18, 2014
Donald Kees, MD	GMEC	September 15, 2015
Donald Kees, MD	GMEC	February 18, 2019
Donald Kees, MD	GMEC	September 14, 2021
Arthur Ollendorff, MD	GMEC	May 20, 2025
Arthur Ollendorff, MD	GMEC	January 20, 2026